Interfacility Protocol

<table>
<thead>
<tr>
<th>Protocol Title:</th>
<th>Interfacility Medication Administration</th>
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<tbody>
<tr>
<td>Original Adoption Date:</td>
<td>05/2009</td>
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<td>Past Protocol Updates</td>
<td>05/2009</td>
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<tr>
<td>Date of Most Recent Update:</td>
<td>December 26, 2013</td>
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<tr>
<td>Medical Director</td>
<td>Cory Vaudt M.D.</td>
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Any of the following Medications, not currently part of the EMS Protocols, may be used in an Interfacility Transport, if they have been instituted by the sending facility. Unless otherwise stated, the transfer paramedics may continue and monitor, but not institute these medications and infusions, except as superseded by existing EMS Protocols.

**Interfacility Transfer Medications (in addition to protocol medications):**
- Aminophylline;
- Antibiotics;
- Anti-sepsis support medications;
- Blood products;
- 10% Dextrose (D10);
- Digoxin;
- Antidysrhythmics and pressor agents;
- Anticonvulsants;
- Anthypertensives and anti-ischemia medications;
- Anticoagulants/antithrombin agents/antiplatelet agents;
- Insulin infusions;
- Magnesium infusions;
- Mannitol infusions;
- Meperidine;
- Benzodiazepines, anesthetics, or sedatives;
- Paralytics;
- Anti-ulcer and antacid medications;
- Morphine sulfate infusions;
- Nitroglycerin infusion;
- Potassium chloride infusions;
- Sodium bicarbonate infusions,
Intravenous steroids;
Standard IV infusion fluids (1/2 NS, D5 1/2 NS, D5 1/4 NS, D5, LR, etc.);
Thrombolytic agents;
Parenteral nutrition (PPN or TPN) (via central or peripheral IV lines);
Other medications as approved by the medical director.

Although the sending facility may have initiated medication(s), Paramedics MUST be familiar with all of the above medications that a patient may be receiving at the time of transfer.

Some medications are not easily accessible from the transferring facility and as such have been placed in to the Interfacility Drug box. These medications are Metoprolol, Diazepam, and Morphine.