

Subject: ALS Medication – Paramedic LOCAL OPTIONAL SCOPE of PRACTICE
Blood or Blood Products infusion during Interfacility Transport

Associated Policies:

- I. Authority:
 - A. Health and Safety Code, Division 2.5, California Code of Regulations, Title 22, Division 9.
 - B. North Coast EMS Policies and Procedures
- II. Purpose:
 - A. To provide a mechanism for approved North Coast EMS Agency accredited Paramedics to continue Blood or blood products infusion during transfers.
- III. Policy:
 - A. Only North Coast EMS accredited Paramedics who have successfully completed training program(s) approved by the North Coast EMS on blood and blood products infusion will be permitted to monitor them during interfacility transports.
 - B. Only ALS ambulance providers approved by the North Coast EMS will be permitted to provide the service of monitoring blood or blood products infusions during interfacility transports.
- IV. Procedure
 - A. PRIOR TO TRANSPORT:

Paramedics can transport patients on blood or blood products within the following parameters:

 1. Patient has a pre-existing blood or blood products infusion in a peripheral or central IV line. Infusion was initiated by the sending facility.
 2. Check the identify the patient and blood by checking the patient ID band against the blood label and blood order for name, blood type and unit identifying number.
 3. Regulation of the transfusion rate will be within the parameters defined by the transferring physician.
 4. The transporting paramedic shall obtain an order from the transferring nurse or physician as to the rate of infusion, and the total amount to be infused during transport of the patient.
 - a. Expected rates of transfusions are as follows:
 - Initial rate is slow for first 15 minutes of transfusion. (Adults: 2-3ml/min; Pediatrics: 1/10 of the volume to be transfused.)
 - Subsequent rates are dependent on physician order and may range from wide open to 4 hours. Due to potential bacterial growth, a blood transfusion must be completed within 4 hours of issuance.

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5. Patient does not have more than two (2) medicated infusions running, exclusive of potassium chloride (KCl).
6. Patient is hemodynamically stable at time of transport.
7. Blood or blood products shall be administered via infusion pump. It shall never be administered by the paramedic via IV push or uncontrolled gravity sets.

B. DURING TRANSPORT:

1. Vital signs will be monitored and documented every 15 minutes and immediately if there is any change in patient status or change in transfusion rate.
2. The paramedic shall document on the patient care report (PCR) the total volume infused throughout the duration of the transport.
3. Monitor the patient for any signs and symptoms of a transfusion reaction.
4. Monitor temperature for adverse effects if transport time exceeds 15 minutes.
5. If the blood or blood products infusion is interrupted (infiltration, accidental disconnection, etc.), the paramedic may restart the line and continue the infusion as delineated in the transfer orders.
6. In cases of IV pump malfunction that cannot be corrected, note the time the medication was discontinued.
7. No other medication or infusion shall be given through the same line.
8. If a transfusion reaction occurs:
 - a. Stop the transfusion immediately.
 - b. Contact transferring physician or base hospital.
 - c. Consult appropriate treatment protocol to manage the presenting reaction. (i.e., Anaphylaxis)
 - d. Leave the infusion tubing attached to the blood/blood product bag, place into another bag and deliver to the receiving hospital.
 - e. Report to hospital immediately upon arrival
 - f. Document any transfusion reactions in the PCR.

C. Quality Assurance:

1. Paramedic transport agencies approved to transport patients with blood or blood products infusions are required to provide a report to NCEMS annually to include the following parameters:
 - a. Number of uses and patient presentations.
 - b. Names of transferring facilities.
 - c. Any sentinel events.
 - d. Patient condition at transfer of care.