

Subject: Treatment –LOCAL OPTIONAL SCOPE Paramedic
Blood or Blood Products infusion during Interfacility Transport (IFT)

Purpose	To provide a mechanism for approved North Coast EMS Agency accredited Paramedics to continue Blood or blood products infusion during transfers
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.
Procedure Prior to Transport	A. Paramedics can transport patients on blood or blood products within the following parameters: 1. Patients have 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 identity of 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. 5. Patients do not have more than two (2) medicated infusions running, exclusive of potassium chloride (KCl). 6. 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.

Subject: Treatment –LOCAL OPTIONAL SCOPE Paramedic
Blood or Blood Products infusion during Interfacility Transport (IFT)

Procedure During Transport	A. 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. B. The paramedic shall document on the patient care report (PCR) the total volume infused throughout the duration of the transport. C. Monitor the patient for any signs and symptoms of a transfusion reaction. D. Monitor temperature for adverse effects if transport time exceeds 15 minutes. E. 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. F. In cases of IV pump malfunction that cannot be corrected, note the time the blood or blood product was discontinued. G. No other medication or infusion shall be given through the same line. H. If a transfusion reaction occurs: 1. Stop the transfusion immediately. 2. Contact transferring physician or base hospital. 3. Consult appropriate treatment protocol to manage the presenting reaction. (i.e., Anaphylaxis) 4. Leave the infusion tubing attached to the blood/blood product bag, place it into another bag and deliver it to the receiving hospital. 5. Report to hospital immediately upon arrival 6. Document any transfusion reactions in the PCR.
Quality Assurance	Paramedic transport agencies approved to transport patients with blood or blood products infusions are required to provide a report to NCEMS quarterly to include the following parameters: 1. Number of uses and patient presentations. 2. Names of transferring facilities. 3. Any sentinel events. 4. Patient condition at transfer of care.