

Subject: Treatment –LOCAL OPTIONAL SCOPE Paramedic
Monitoring Heparin infusion during Interfacility Transport (IFT)

Purpose	To provide a mechanism for approved North Coast EMS Agency accredited Paramedics to continue a Heparin infusion during interfacility transfers.
Policy	A. Only North Coast EMS accredited Paramedics who have successfully completed training program(s) approved by the North Coast EMS on Heparin 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 heparin infusion during interfacility transport.
Procedure Prior to Transport	Paramedics can transport patients on heparin infusion within the following parameters: A. Patients have a pre-existing heparin infusion in a peripheral or central IV line. Infusion was initiated by the sending facility. B. Maximum concentration of heparin that can be monitored is 100 units/cc of IV fluid. (Normally pre-mixed at 25,000 units/500cc D5W). C. Rate of administration is set by the transferring physician not to exceed 2000 units per hour. D. No adjustment to rate or dosing is allowed with a heparin infusion except for an interruption in the IV line. (See B in next section) E. Patients do not have more than two (2) medicated infusions running, exclusive of potassium chloride (KCl). F. Patients are hemodynamically stable at time of transport. G. The heparin infusion ideally should be started at the sending facility 15 minutes prior to departure. However, the need for rapid transfer could supersede any transport delays. H. There are no additional time restrictions when the patient has received a thrombolytic prior to the heparin infusion. I. The heparin infusion shall be administered via infusion pump. J. It shall never be administered by the paramedic via IV push or uncontrolled gravity sets.
Procedure During Transport	A. Patient will be monitored in transport utilizing careful observation, cardiac monitor (a 12 Lead cardiac monitor for all cardiac patients), blood pressures, and pulse oximetry. Vital signs shall be documented at a minimum of every 10 -15 minutes.

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	B. If medication administration is interrupted (infiltration, accidental disconnection, etc.), the paramedic may restart the line and continue the infusion as delineated in the transfer orders. C. In cases of IV pump malfunction that cannot be corrected, note the time the medication was discontinued. Notify the receiving hospital as soon as possible. D. No other medication or infusion shall be given through the same line. E. Consult base hospital or receiving facility if the patient shows evidence of any of the following conditions: 1. Hemorrhage at any site. 2. Possible cerebral hemorrhage, including: a. Altered level of consciousness b. Severe headache 3. Symptoms of increasing intracranial pressure.
Quality Assurance	Paramedic transport agencies approved to transport patients with heparin infusions are required to provide a report to NCEMS quarterly 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.