

PREHOSPITAL MANAGEMENT OF PRE-EXISTING PATIENT MEDICAL DEVICES/EQUIPMENT: INTRAVENOUS LINES AND OTHER

I. PURPOSE

To provide guidance for pre-hospital management of patients with pre-existing medical devices & equipment during routine, emergency or inter-facility transport; including intravenous lines and devices, home ventilators, and other patient care equipment.

II. PROCEDURE

A. Peripheral IV Lines

1. EMT-Is may:
 - a. Monitor IV lines delivering glucose solutions or isotonic balanced salt solutions including Ringer's Lactate for volume replacement.
 - b. Monitor, maintain and adjust if necessary in order to maintain a preset rate of flow and turn off the flow of IV fluid.
 - c. They may not monitor an IV if any medication has been added to the solution.
2. Paramedics may:
 - a. Administer intravenous glucose solutions or isotonic balanced salt solutions including Ringer's lactate solution.
 - b. Monitor and adjust IV flow rates of existing IV(s) with solutions containing potassium chloride (KCl) equal to or less than 20 mEq/L.
 - c. Monitor, maintain and adjust approved IV solutions with medications that are allowed as part of the local paramedic scope of practice.

B. Special Populations

- For dialysis patients whose peripheral access site (shunt or fistula) has already been accessed, the existing IV line may be used by a paramedic for administration of fluids or medications.

C. Central Lines/Central Venous Access Device/Infusion Devices

1. EMT-Is may transport patients with existing central lines or central venous access devices, e.g. Heparin or saline locked central lines, but may not transport patients if any fluid or medications are being administered through these devices.
 - Exception: In the case where a patient has a physician-prescribed infusion device that is being controlled/monitored by either the patient or a family member, e.g. patient controlled analgesia (PCA) pump.
 - If any question exists, base contact should be made for further clarification.
2. Paramedics may transport a patient that has fluid or medication running through a central line or other central venous access device as long as the medications are within the paramedic scope of practice.
 - Exceptions:

- In the case where a patient has a physician-prescribed infusion device that is being controlled/monitored by either the patient or a family member.
 - In the event of cardiopulmonary arrest or extremis due to circulatory shock, and a peripheral IV or IO cannot be obtained, an indwelling central line(s) can be used by the paramedic to deliver fluids and medications within their scope.
 - If any question exists, base contact should be made for further clarification.
 - 3. Central venous access devices that would require the penetration of skin by the paramedic, such as internal subcutaneous infusion ports or fistulas, may not be used.
 - 4. When handling a central line paramedics should:
 - a. Use strict aseptic technique,
 - b. Not remove injection caps from catheters,
 - Not allow IV fluids to run dry,
 - Always expel air from preloads/syringes prior to medication administration,
 - In the event of damage to the central line immediately clamp the external catheter between the site of the catheter damage and the patient.
- D. Thoracostomy Tubes
 - Paramedics may monitor thoracostomy tubes.
 - EMT-Is are not permitted to transport patients with thoracostomy tubes.
- E. Foley Catheters, Nasogastric Tubes, Gastrostomy Tubes, Tracheostomy Tubes
 - EMT-I and paramedic personnel may transport these patients, however, these devices are not to be manipulated, removed, or discontinued.
 - If any question exists, base contact should be made for further clarification.
- F. Home Ventilators
 - EMT-Is may transport patients with home ventilators but these patients should ideally be transported via ALS-level ambulance.
 - In an emergency situation requiring immediate transport (cardiac arrest, respiratory distress or extremis due to shock), patients may be transported to the closest facility via EMT-I ambulance and ventilation should be supported via bag-valve-mask device.
- G. Other Devices
 - If other equipment is encountered by EMT-I or paramedic personnel, a patient may be transported with the equipment provided that the prehospital providers are not required to discontinue or alter the functioning of the equipment.
 - If the patient cannot be moved without disrupting the function of the equipment, base consultation should be obtained.