

Prehospital Management of Pre-existing Patient Medical Devices/Equipment

I. PURPOSE

This policy provides guidance for prehospital management of patients with pre-existing medical devices & equipment during routine, emergency or interfacility transport; including intravenous lines and devices, home ventilators, and other patient care equipment.

II. SCOPE OF OVERSIGHT AND DIRECTION

A. Peripheral Intravenous (IV) Lines

1. EMTs may:

- a. Monitor IV lines delivering glucose solutions or isotonic balanced salt solutions including Ringer's lactate solution 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. EMTs may not monitor an IV if any medication has been added to the solution.

2. Paramedics may:

- a. Establish peripheral IV lines.
- b. Administer intravenous glucose solutions or isotonic balanced salt solutions including Ringer's Lactate solution.
- c. Monitor and adjust IV flow rates of existing IV(s) with solutions containing potassium chloride (KCl) equal to or less than 20mEq/L.
- d. Monitor, maintain and adjust approved IV solutions with medications that are allowed as part of the local paramedic scope of practice.

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

1. EMTs 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.

- a. 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 (e.g. patient controlled analgesia (PCA) pump); or
- b. If any questions exists, base contact should be made for consultation and 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.

- a. 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; or
- b. If any question exists, base contact should be made for consultation and further clarification.

3. Paramedics should avoid primarily accessing a central line with an external lumen.

- a. Exception: Paramedics may access a central line with external lumen if the patient is in cardiac arrest and attempts at IV and IO access have failed.

4. Central venous access devices that require penetration of skin, such as internal subcutaneous infusion ports may not be used.



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5. When handling a central line, paramedics should:
 - a. Use strict aseptic technique,
 - b. Not remove injection caps from catheters,
 - c. Not allow fluids to run dry,
 - d. Always expel air from preloads/syringes prior to medication administration,
 - e. In the event of damage to the central line, immediately clamp the external catheter between the site of the catheter damage and the patient.
- C. Special Populations- Dialysis patient with extremity AV fistula or Graft
 1. Paramedics should not access a dialysis fistula or graft.
 - a. Exception: Paramedics may access a dialysis fistula if the patient is in cardiac arrest and attempts at IV and IO access have failed.
 2. For dialysis patients whose peripheral access site (fistula/graft) has already been accessed, the existing IV line may be used by a paramedic for administration of fluids or medications.
- D. Thoracostomy Tubes
 1. Paramedics may monitor thoracostomy tubes.
 2. EMTs are not permitted to transport patients with thoracostomy tubes.
- E. Foley Catheters, Nasogastric Tubes, Gastrostomy Tubes, Tracheostomy tubes
 1. EMTs and Paramedics may transport these patients, however, these devices are not to be manipulated, removed, or discontinued.
 2. If any question exists, Base Hospital contact should be made for consultation and further clarification.
- F. Home Ventilators
 1. EMTs may transport patients with home ventilators but these patients should ideally be transported via ALS-level ambulance.
 2. In an emergency situation requiring immediate transport (cardiac arrest, respiratory distress or extremis due to shock), patients may be transported to the closest hospital via EMT ambulance and ventilation should be supported via bag-valve-mask device.
- G. Other Devices
 1. If other equipment encountered by EMTs or paramedics, a patient may be transported with the equipment provided that the EMT or paramedic is not required to discontinue or alter the functioning of the equipment.
 2. If the patient cannot be moved without disrupting the function of the equipment, Base Hospital contact should be made for consultation and further clarification.

