

## APPENDIX: 34

## TITLE: IV Infusion Pumps

REVISED: NOVEMBER 01, 2019

---

**I. INDICATIONS:**

- Care of a patient requiring specific medication infusions to assure that medication and fluid deliver is at a safe and therapeutic rate.
- Inter-facility transport where an IV Infusion pump is already in place.

**II. CONTRAINDICATIONS:**

- Lack of trained and credentialed staff.
- Rapid infusion of IV Fluids exceeding maximum flow rate of infusion pump needed

**III. CONSIDERATIONS**

- The use/monitoring of an “*IV Programmable Volume Infusion Device*” (AKA IV Infusion pump) in either the prehospital or inter-facility setting is considered a paramedic Level of care, and requires a paramedic to be in attendance.
- The use of an IV Infusion pump in the prehospital setting is an “Optional Module” and requires credentialing through the ACCESS system.
- When possible, the paramedic should use the “drug library” or other “smart pump” functions to reduce the chance of medication error.
- When possible, the paramedic should “**cross check**” all medication infusions with another provider, preferably either the sending facility staff or another ALS provider if available, to reduce the chance of medication error.

**IV. MEDICATIONS:**

The use of an IV Infusion pump is intended for medication maintenance infusions, not for loading dose infusions or bolus doses unless specifically indicated. The following infusions are **excluded** from requiring an infusion pump to administer (but may be used at the paramedic’s discretion or physician order):

- Crystalloid Infusions
- Dextrose solutions (i.e. D10, D10NS) without other medications.
- Magnesium Sulfate *loading dose* in the setting for the treatment of eclampsia or refractory bronchospasm.
- Blood Products (still requires a filter)
- Anti-histamine infusions in the setting of allergic and anaphylactic reactions.
- Oxytocin in the setting of post-partum hemorrhage.
- Antibiotic Infusions

Other medication infusions require the use of an IV Infusion pump.

**IV. PROCEDURES:**

- Patient shall be placed and maintained on cardiac and pulse oximetry monitors during transport.
- Follow manufacturer's guidelines for the safe use of the infusion pump.
- All infusions should be documented in the EPCR flow chart and the Narrative.
- If a patient suffers undesired effect as a result of an infusion, consider discontinuation of the infusion, treat per ACCESS SWOs, and contact medical control immediately.
- IFT Transport:
  - When a patient already has an IV infusion pump in place, it should be left in place for the transport. If the paramedic is unfamiliar with the particular model of pump, the staff should be incorporated to familiarize the paramedic with the pumps basic operation prior to transport.
  - Note all drips and document any discontinuations/modifications prior to departure.
  - **Verify** all drip rates / doses with sending facility staff (i.e. Nursing staff or physician) before departure.
  - Paramedics may not titrate medications not in the ACCESS formulary without a direct physician medical order.