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**IV LINES & DEVICES, VENTILATORS & OTHER PATIENT CARE EQUIPMENT**

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1. **PURPOSE:** To define the scope of practice of the EMT-1 and paramedic with respect to the management of patients during emergency or routine transport from the field or during an interfacility transfer
2. **Certified EMT-1 or a supervised EMT-1 student may:**
  - ▶ Assist patients with the administration of physician prescribed devices, including but not limited to, patient operated medication pumps, sublingual nitroglycerin, and self-administered emergency medications, including epinephrine devices
  - ▶ Monitor intravenous lines delivering glucose solutions or isotonic balanced salt solutions including Ringer's lactate for volume replacement;
  - ▶ May monitor, maintain, and adjust if necessary in order to maintain, a preset rate of flow and turn off the flow of intravenous fluid;
  - ▶ May transfer a patient, who is deemed appropriate for transfer by the transferring physician, and who has nasogastric (NG) tubes, gastrostomy tubes, heparin locks, foley catheters, tracheostomy tubes and/or indwelling vascular access lines, excluding arterial lines
  - ▶ May Monitor preexisting vascular access devices and intravenous lines delivering fluids with additional medications pre-approved by the Director of the EMS Authority
3. **Licensed Paramedics, in addition to the above may:**
  - ▶ Monitor and administer medications through pre-existing vascular access
  - ▶ Monitor and adjust IV solutions containing potassium equal to, or less than, 20 mEq/L
  - ▶ Transport and monitor a patient that has fluid and/or medication running through a central line, central venous access device, or heparin lock as long as the medications are within the paramedic scope of practice. Medications not included in the paramedic scope of practice may not be administered during transport. (12/21/05)
4. **Infusion Devices** - An **EMT-1** or **Paramedic** may transport a patient with an infusion device under the following conditions:
  - ▶ The transport is authorized, **in writing**, by the patient's physician or is approved by the Base Hospital physician
  - ▶ For BLS transport - the patient must be stable, non-critical and the purpose of the transport must be of a routine nature, such as a pre-scheduled appointment to a medical facility for examination or treatment (e.g. dialysis, chemotherapy, doctor's office visit)
  - ▶ Paramedics should transport the patient if the reason for the transport is a change in condition or a new medical complaint
  - ▶ The patient or trained family member must be present to monitor and regulate the device during the transfer, without any assistance from the EMT-1 or paramedic
  - ▶ If any doubt exists as to the ability of the patient or family member to manage the device or the device is not functioning properly, the patient should be assessed by ALS personnel and if appropriate, **consultation with the Base Physician should be obtained**
5. **Ventilators:**
  - ▶ If during a response to a 911 or scheduled interfacility transport, an EMT – I discovers a patient on a ventilator that requires transport, a CCT – Paramedic or CCT – RN response shall be initiated
  - ▶ Paramedics may disconnect the patient from the ventilator and assist ventilation using a bag-valve device. If it is in the best interest of the patient to remain on a ventilator during transport and a delay in transport will not compromise patient care or comfort, a CCT – Paramedic or CCT – RN response shall be initiated. If any doubt exists regarding the condition of the patient, the Base Physician should be consulted
6. **Thoracostomy tubes:** Only **CCT - Paramedics** may monitor thoracostomy tubes