

SAN FRANCISCO EMERGENCY MEDICAL SERVICES AGENCY

Effective: 01/07/13
Supersedes: 08/01/08

Protocol: P-201

INTRAVENOUS INFUSION OF HEPARIN CCT PARAMEDICS

INFORMATION REQUIRED

- Treatment provided and transferring physicians orders are within the CCT-P Scope of Practice
- The intravenous infusion is regulated by an infusion pump familiar to the CCT-P
- Medication is in the correct concentration.

OBJECTIVE FINDINGS

- General appearance
- Vital signs
- Cardiac rhythm
- Medication concentration and infusion rate

CCT- P Treatment
<ul style="list-style-type: none">• Patients shall be placed on cardiac monitor for duration of transport.• Signed transfer orders from the transferring physician must be obtained prior to transport. Transfer orders must provide for maintaining the Heparin infusion during transport.• If medication administration is interrupted (infiltration, accidental disconnection, malfunctioning pump, etc.) the CCT-P may restart the IV line as delineated in the transfer orders. Caution will be used to prevent inadvertent overdose of medication.• The following parameters shall apply to all patients with pre-existing Heparin infusions:<ul style="list-style-type: none">- Medication concentration will not exceed 100 units/ml of IV fluid (25,000 units/250 ml or 50,000 units/500 ml- Infusion rates must remain constant during transport with no regulation of rates being performed by the CCT-P.
Transferring or Base Hospital Physician Contact Criteria
<ul style="list-style-type: none">• If pump failure occurs and cannot be corrected, the paramedic is to discontinue Heparin infusion and notify the transferring physician or the base hospital physician if the transferring physician is not available.

PRECAUTIONS AND COMMENTS

- CCT-Ps may not initiate **Heparin** infusions.
- Vital signs are to be monitored as indicated in the transfer orders, not less frequently than every 15 minutes.