

SAN FRANCISCO EMERGENCY MEDICAL SERVICES AGENCY

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

Protocol: P-208

AUTOMATIC TRANSPORT VENTILATORS CCT PARAMEDICS

INFORMATION REQUIRED

- Treatment provided and transferring physicians orders are within the CCT-P Scope of Practice.
- The type of Automatic Transport Ventilator (ATV) used is familiar to the CCT-P

OBJECTIVE FINDINGS

- General appearance
- Vital signs
- Cardiac rhythm

CCT- P Treatment
<ul style="list-style-type: none">• Patients shall be placed and maintained on cardiac and pulse oximetry monitors during transport.• A continuous end-tidal CO2 detector must be employed during transport.• Signed transfer orders from the transferring physician must be obtained prior to transport. Transfer orders must provide parameters for maintaining and adjusting ventilators via ATV during transport.• Personnel shall monitor the PSI level in the oxygen cylinder.• CCT-Ps shall continually observe the patient and document patient response to any changes while the device is operational. CCT-Ps shall document the initial settings and any subsequent changes. Such documentation shall appear on the patient care report.
Transferring or Base Hospital Physician Contact Criteria
If an Automatic Transport Ventilator failure occurs and cannot be corrected, or patient's condition deteriorates due to respiratory compromise, the CCT-P is to discontinue use of the ATV and initiate ventilation by bag valve mask or bag valve mask ETT and notify the transferring physician or the Base Hospital Physician if the transferring physician is not available.

PRECAUTIONS AND COMMENTS

- This procedure shall only be performed by paramedics with CCT-P (Critical Care Transport-Paramedic) training and designation.
- Only authorized CCT-Ps will be permitted to monitor and adjust ATVs during scheduled interfacility transports.
- CCT-Ps may not initiate ventilator support.
- The CCT-P is responsible for all airway management and must frequently reassess endotracheal tube placement. Bilateral breath sounds are to be checked after each patient movement.

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SPECIAL CONSIDERATIONS:

The ventilator that the provider is to use should be able to match the existing ventilator settings. The following minimum device features (including circuit) must be present for this category of patient:

1. Set rate of ventilations
2. Adjustable delivered tidal volume
3. Adjustable Inspiratory and Expiratory ratios (I:E ratio)
4. Positive End-Expiratory Pressure (PEEP)
5. Peak airway pressure
6. Modes:
 - a. Assist control (AC)
 - b. Synchronized Intermittent Mandatory Ventilation (SIMV)
 - c. Controlled Mechanical Ventilation (CMV)
7. Alarms:
 - a. Peak airway pressure
 - b. Disconnect
8. Strongly recommended option – blend percentage oxygen

MEDICAL PROVIDER MAINTAINANCE REQUIREMENTS:

Agencies using this equipment must be certain to follow the manufacture's instructions regarding use, maintenance, cleaning and regular testing of this device.

1. The unit must be inspected and tested after every patient use.
2. The unit must be disinfected after use unless a disposable unit is used.
3. The unit shall undergo preventative testing and maintenance by qualified personnel annually.
4. Agencies shall arrange for (at least) annual inspection and testing of the equipment by a manufacture's representative (or designee). Documentation of this service shall be maintained in a service log. This record shall be kept by each agency using ATVs.

CCT PARAMEDIC TRAINING REQUIREMENTS:

CCT-Ps must be thoroughly trained and regularly retrained in the device's use. Such training shall occur annually and shall be documented.