

# SAN FRANCISCO EMERGENCY MEDICAL SERVICES AGENCY

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

Protocol: P-210

## INTRAVENOUS INFUSION OF GLYCOPROTEIN IIb/IIIa RECEPTOR INHIBITORS CCTPARAMEDICS

### INFORMATION REQUIRED

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

### OBJECTIVE FINDINGS

- General appearance
- Vital signs
- Cardiac rhythm

CCT- P Treatment
<ul style="list-style-type: none"><li>• Patients shall be placed and maintained on cardiac and pulse oximetry monitors during transport.</li><li>• Signed transfer orders from the transferring physician must be obtained prior to transport. Transfer orders must provide for maintaining the Glycoprotein Receptor Inhibitor infusion during transport.</li><li>• 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.</li><li>• The following parameters shall apply to all patients with pre-existing Glycoprotein Receptor Inhibitor infusions:<ol style="list-style-type: none"><li>1. Medication concentration will not exceed the standard manufacture's concentration.</li><li>2. Infusion rate must remain constant during transport with no regulation of rates being performed by the CCT-P, except for the discontinuation of the infusion (e.g. as in a case of bleeding).</li><li>3. Documentation of calculation of the ordered infusion rate based on recent patient weight (in kilograms). Documentation of the following lab values (if available):<ol style="list-style-type: none"><li>a. Blood Urea Nitrogen</li><li>b. Creatine</li><li>c. Hemoglobin</li><li>d. Hematocrit</li><li>e. Platelet Count</li><li>f. Coagulation Studies</li></ol></li></ol></li></ul>
Transferring or Base Hospital Physician Contact Criteria
If pump failure occurs and cannot be corrected, the paramedic is to discontinue the Glycoprotein Receptor Inhibitor infusion and notify the transferring physician or the base hospital physician if the transferring physician is not available.

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## PRECAUTIONS AND COMMENTS

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- This procedure shall only be performed by paramedics with CCT-P (Critical Care Transport-Paramedic) training and designation.
- CCT-Ps may not initiate Glycoprotein Receptor Inhibitor infusions.
- Vital signs are to be monitored as indicated in the transfer orders but no less often than every 15 minutes

<b>Eptifibatide (<i>Integrilin</i>)</b> – Infusion bolus is 180 mcg/kg.
<b>Eptifibatide (<i>Integrilin</i>)</b> – Infusion rate MAY NOT EXCEED 2 mcg/kg/min.
<b>Trofiban (<i>Aggrastat</i>)</b> – Infusion rate MAY NOT EXCEED 0.1 mcg/kg/min
<b>Abciximab (<i>ReoPro</i>)</b> - Infusion rate MAY NOT EXCEED 0.125 mcg/kg/min

***Incompatible with the following medication if given via same IV line:*** Diazepam (Valium)