

SAN FRANCISCO EMERGENCY MEDICAL SERVICES AGENCY

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

Protocol: P-213

INTRAVENOUS INFUSION OF MIDAZOLAM CCT PARAMEDICS

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
- Medication concentration and infusion rate

CCT- P Treatment
<ul style="list-style-type: none">• Patients shall be placed on cardiac and pulse oximetry monitors for duration of transport.• A non-invasive blood pressure monitor device that will record and print out routine blood pressure reading every fifteen (15) minutes will be utilized.• Signed transfer orders from the transferring physician must be obtained prior to transport. Transfer orders must provide for maintaining the Midazolam 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 Midazolam infusions:<ol style="list-style-type: none">1. Regulation of the infusion rate will occur within the parameters as defined by the transferring physician, but may be titrated to the individuals response during transport.
Transferring or Base Hospital Physician Contact Criteria
In cases of severe respiratory depression, partial airway obstruction (especially when combined with narcotics), hypertension, hypotension, and excessive sedation the medication infusion will be discontinued and notify the base physician.

PRECAUTIONS AND COMMENTS

- CCT-PS may not initiate Midazolam infusions.
- Dosage reductions are recommended for patients in CHF, septic shock, renal and/or hepatic dysfunction, low serum albumin, pulmonary insufficiency, COPD, or elderly patients.
- Reduce dose by 30% in patients pre-medicated with narcotics and/or CNS depressants.