Public Health Administration Large Conference Room 2240 E. Gonzales, 2nd Floor Oxnard, CA 93036	Pre-hospital Services Committee Agenda	January 9, 2014 9:30 a.m.

I.	**Introductions**	
II.	**Approve Agenda**	
III.	**Minutes**	
IV.	**Medical Issues**	
	A.	air-Q Trial
	B.	Other
V.	**New Business**	
	A.	Other
VI.	**Old Business**	
	A.	Encounter Number on ePCR
	B.	Prediction of Sudden Death in Multi-Ethnic Communities Trial - Update
	C.	Other
VII.	**Informational/Discussion Topics**	
	A.	Community Paramedicine Program – TB and Hospice Projects - Update
	B.	Other
VIII.	**Policies for Review**	
	A.	332 - EMS Personnel Background Check Requirements
	B.	625 - POLST
	C.	701 – Medical Control: Paramedic Liaison Physician
	D.	705.17 – Nerve Agent Poisoning
	E.	722 – Interfacility Transport of Patient with IV Heparin
	F.	Other
IX.	**Agency Reports**	
	A.	Fire Departments
	B.	Ambulance Providers
	C.	Base Hospitals
	D.	Receiving Hospitals
	E.	Law Enforcement
	F.	ALS Education Program
	G.	TAG
	H.	EMS Agency
	I.	Other
X.	**Closing**	

Public Health Administration Large Conference Room 2240 E. Gonzales, 2nd Floor Oxnard, CA 93036	Pre-hospital Services Committee Minutes	November 10, 2013 9:30 a.m.

Topic	Discussion	Action	Assigned
II. Approve Agenda	No Comment		Approved by Kathy McShea Seconded by Tom Gallegos
III. Minutes	No comment		Approved by Kathy McShea Seconded by Tom Gallegos
IV. Medical Issues			
A. Review of IV Ondansetron and QTc Prolongation	Dr. Russell presented his findings to the committee.	Angelo thanked him for his information. There will be no further action at this time.	
V. New Business			
A. Prediction of Sudden Death in Multi-Ethnic Communities – Study Proposal	Angelo will give the committee additional information at the January meeting. He wanted to let everyone know about the upcoming study.		
B. Hospital "Encounter Number" on ePCR	EMS wants to link Pre-hospital and hospital records for each patient. This will create a link that will be used for many things in the future.	Chris Rosa stated that it will be in use as of Dec. 1, 2014. Chris will work on developing a user guide ASAP.	
C. 131 Multi-Casualty Incident	Major changes were made to this policy on June 1, 2013. After utilizing the new changes, additional "adjustments" were needed. Bob Scott requested that Trauma Centers be added to the "Out of County" hospital list.	Remove Attachment D. "D" will be placed in another document in the future.	
VI Old Business			
A. Community Paramedicine – TB DOT	Mike Taigman shared that the state approved their request for TB and Hospice. They have been treating TB patients in Oxnard for several months.		
B. Community Paramedicine – Hospice Patients	See above		
VII. Informational/Discussion			

	Topics			
	A. Trauma Policy 1404	The trauma committee discussed what circumstances would occur to turn away trauma patients at a Trauma Center. Answer: If surgeons are unavailable or already in surgery.		
	B. Stroke System Update	The committee met once and introduced Karen Beatty as the new Stroke/STEMI Coordinator.		
VIII.	**Policies for Review**			
	A. 151 Medication Error reporting	The committee requested that "Base Hospitals" be added to the agency boxes.	Add" Base Hospital" to Agency boxes.	Approved by Tony Norton Seconded by Bob Scott
XI	**TAG Report**			**No meeting**
X.	**Agency Reports**			
	A. Fire departments	**VCFPD** – Half way through CAM training. The Active Shooter modules are completed. The Fire Academy will graduate in June 2014 with 20 VCFPD and 4 City Fire. **VCFD** – Done with CAM training. **OFD** – 16 graduates from Fire Academy. **FFD** – Getting a new Fire Engine. **Fed. Fire** – Completed CAM training for inland personnel, still need to finish on the island.		
	B. Transport Providers	**VCSO –** 500,000. upgrade "Moving Map Technology" They have not installed it in the helicopter yet. **AMR** – Working with Conv. Homes, educating on Sepsis.		
	C. Base Hospitals	**SVH –** CE symposium went very well. **LRRMC** – The Cardiac Arrest Survivors group had 17 survivors at the event. The group meets on the 3rd Wed. of every month. Chris Carroway is meeting with Conejo Valley School District encourage CPR training for all students. If anyone has done this type of training with the schools, please send any info. you have to Debbie. **SJRMC –** Dr. Ho is working on "Safe Rx Program" – Involves follow-up with returning patients with pain and developing a contract for patients to sign. All hospitals would share their agreements so patients don't hosp. shop. Dr. Ho can be contacted at Anthonyho@cep.com. **VCMC** – EMS updates are progressing. Thank you for your patience with the new ambulance bay.		
	D. Receiving Hospitals	**CMH** – Almost done with construction. They will have a "beam" signing party at the end.		

		OVCH – Continued construction issues.	
	E. ALS Education Programs	**Ventura College** – Will hire a new Paramedic Instructor for next fall. We had a condensed meeting in April to discuss various changes.	
	F. EMS Agency	**Steve** – Image Trend – Business agreement will be sent to all non-county agencies for signature. Ventura County agencies will be combined and each County Counsel Rep. will review it before CEO signs.	
	G. Other		
XI.	**Closing**	**Meeting adjourned at 1100.**	

Prehospital Services Committee 2013

For Attendance, please initial your name for the current month

Agency	LastName	FirstName	1/10/2013	2/14/2013	3/14/2013	4/11/2013	5/9/2013	6/13/2013	7/11/2013	8/8/2013	9/12/2013	10/10/2013	11/14/2013	12/12/2013	%
AMR	Stefansen	Adriane		AS		AS			AS		AS	AS	AS		
AMR	Panke	Chad		CP		CP			CP		CP	CP			
CMH - ER	Canby	Neil		NC					NC		NC	NC	NC		
CMH/OVCH-ER	Cobb	Cheryl		CC		CC			CC		CC	CC	CC		
OVCH	Patterson	Betsy		BP		BP			BP			BP	BP		
CSUCI PD	Drehsen	Charles		CD					CD		CD	CD	CD		
CSUCI PD	Rice	Al		AR		AR					AR	AR	AR		
FFD	Herrera	Bill		BH											
FFD	Scott	Bob											BS		
GCA	Norton	Tony		TN		TN			TN		TN	TN	TN		
GCA	Shultz	Jeff									JS	JS	JS		
Lifeline	Rosolek	James		BK		JR					JR	JR	JR		
Lifeline	Winter	Jeff		JW		JW			JW		JW	JW	JW		
LRRMC - ER	Beatty	Matt		MB		MB			MB		MB		MB		
LRRMC - ER	Licht	Debbie		DL		DL			DL		DL	DL	DL		
OFD	Carroll	Scott		SC		SC			SC		SC		SC		
OFD	Huhn	Stephanie		SPH		KS			SH		SH	SH	SH		
SJPVH	Hernandez	Sandi		SH		SH			SH		SH		SH		
SJPVH	Davies	Jeff		JD		MR			JD				JD		
SJRMC	Russell	Mark		TL		XX			MR			MR	MR		
SJRMC	McShea	Kathy		KM		KM			KM		KM	KM	KM		
SPFD	Dowd	Andrew				AD			AD		AD				
SVH - ER	Tilles	Ira		IT		IT			IT		IT	IT	IT		
SVH - ER	Hoffman	Jennie		JH		JH			JH		JH	JH	JH		
V/College	O'Connor	Tom		TO		TO					TO	TO	TO		
VCFD	Tapking	Aaron		AT		AT			AT		AT	AT	AT		
VCFD	Utley	Dede				DU			DU		DU	DU			
VNC	Plott	Norm		NP		NP			NP		NP	NP	NP		
VNC	Dullam	Joe		SB									JD		
VNC - Dispatch	Shedlosky	Robin		RS					RS		RS	RS	RS		
VCMC - ER	Chase	David		DC		DC			DC		DC	DC			
VCMC - ER	Gallegos	Tom		LW		LW			LW		TG	TG	TG		

Agency	LastName	FirstName	1/10/2013	2/14/2013	3/14/2013	4/11/2013	5/9/2013	6/13/2013	7/11/2013	8/8/2013	9/12/2013	10/10/2013	11/14/2013	12/12/2013	%
VCMC-SPH	Daucett	Michelle				MD			MD		MD	MD	MD		
VCMC-SPH	Malgoza	Sarah									SM	SM	SM		
VCSO SAR	Hadland	Don		DH		DH			DH		DH		DH		
VCSO SAR	Golden	Jeff		DW		DW					JG	JG	JG		
VFF	Rhoden	Crystal				CR							CR		
VFF	Jones	Brad													
Eligible to Vote	**Date Change/cancelled - not counted against member for attendance**														
Non Voting Members															
AMR	Whitmore	Geneva		GW											
AMR	Taigman	Mike		MT		MT						MT	MT		
CSUCI PD	Rice	Lynn				LR							LR		
EMS	Carroll	Steve		SC		SC			SC		SC	SC			
EMS	Buhain	Ruth		RB											
EMS	Frey	Julie							JF		JF	JF	JF		
EMS	Hadduck	Katy		KH		KH			KH		KH	KH			
EMS	Perez	Randy				RP			RP		RP	RP	RP		
EMS	Rosa	Chris		CR		CR			CR		CR	CR	CR		
EMS	Salvucci	Angelo		AS		AS			AS		AS	AS	AS		
EMS	Beatty	Karen											KB		
LMT	Frank	Steve										SF	SF		
VCMC	Duncan	Thomas		TD									TD		
VNC	Gregson	Erica											EG		
VNC	Hatch	Heather													
VNC	Komins	Mark							MK						

TEMPORARY
PARKING PASS
Expires January 9, 2014

Health Care Services
2240 E. Gonzales Rd
Oxnard, CA 93036

For use in "Green Permit Parking" Areas only, EXCLUDES Patient parking areas

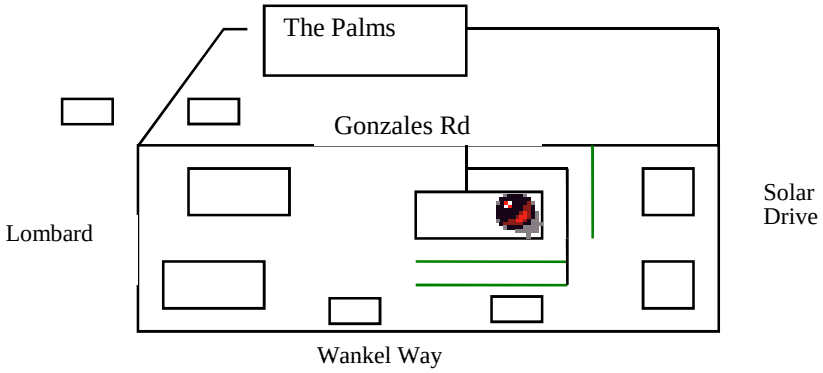
Parking Instructions: Parking at workshop venue is limited. Arrive early to allow for offsite parking if venue parking lot is full.

2240 Gonzales Rd. location
If you park in a designated "green permit parking" slot, fold this flyer in half and place pass face-up on the dash of your car, to avoid receiving a ticket.

2100 Solar Drive
An additional amount of "Green Permit Parking" spaces (only 30) are available in adjacent parking lot, those that back-up against venue parking area, (Enter this parking lot off of Gonzales[3rd driveway] or Solar Drive). **Place this flyer on your dash.** If all of those stalls are occupied, overflow parking is available at The Palms shopping area or side streets.

The Palms - shopping mall
Enter The Palms at Lombard and Gonzales. Allow for a ten minute walk to venue location.

Additional parking is available on side streets, Lombard, Solar and Wankel Way.



COUNTY OF VENTURA HEALTH CARE AGENCY	EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title: Mobile Intensive Care Nurse: Reauthorization Requirements	Policy Number: 322
APPROVED: Administration: Steven L. Carroll, EMT-P	Date: December 1, 2008
APPROVED: Medical Director Angelo Salvucci, MD	Date: December 1, 2008
Origination Date: April 1983 Date Revised: August 14, 2008 Date Last Reviewed: June 9, 2011 Next Review Date: June 30, 2014	Effective Date: December 1, 2008

I. PURPOSE: To define the reauthorization procedures for Ventura County Mobile Intensive Care Nurse (MICNs).

II. AUTHORITY: Health and Safety Code Sections 1797.56 and 1797.58, 1797.213 and 1798.

II. POLICY:

Ventura County (MICNs) shall meet the requirements and apply for reauthorization every two years (Appendix A-C).

III. PROCEDURE:

A. Ventura County MICNs shall:

1. Complete a total of thirty-six hours of Continuing Education, 50% of which, in each category, shall have been obtained at Ventura County Base Hospitals. Document continuing education on Appendix D.
   a. Field Care Audits (Field care audit): Twelve hours per two years.
   b. Periodic training sessions or structured clinical experiences (Lecture/Seminar): Twelve hours per two years. Lecture/Seminar hours may be fulfilled by the following means:
      1) EMS Updates (Mandatory, up to two times per year, as offered).
      2) ACLS recertification - 4 hours credit
      3) Self-Study/Video CE - No more than 50% of the total lecture requirement shall be met by combination of self-study and/or video CE.
         a) Self study CE shall be documented by a certificate from the sponsor of the self study opportunity (e.g., EMS journals mail courses, etc.).

b) Video CE - Video CE shall be presented so that a physician or PCC is available to answer questions at the time of the presentation. A post test shall be successfully completed at the Base Hospital, signed by the MICN and PCC, and documentation of attendance maintained at the Base Hospital.

c) Ride along with an approved Ventura County EMT-P unit may be required at PCC discretion.

c. Miscellaneous Education: Twelve hours per two years. Miscellaneous education Includes:

1) Ride-along on an ALS Unit for a maximum of 12 hours or at the discretion of the Prehospital Care Coordinator,

2) ALS level teaching, maximum of 8 hours.

3) Additional field care audit and/or lecture/ seminar, or

4) Administrative assistance to PCC.

d. Verification of attendance must be retained by the MICN.

1) The Base Hospital Attendance Roster shall be signed individually by each MICN and maintained by the Base Hospital.

2) CE attendance verification for classes taken out of Ventura County shall be documented by completion of the EMT-P/MICN Continuing Education Record or a facsimile of a roll sheet signed by the sponsoring agency PCC with an additional original signature of the sponsoring agency PCC.

3) Credit shall be given only for actual time in attendance at CE.

4) Credit may be received for a class one time only in an authorization cycle.

2. To Maintain MICN Authorization

a. Function as an MICN for an average of 32 hours per month over a six-month period or

b. An MICN whose duties for his/her primary employer are administering a VC ALS Program may, with approval of the EMS Medical Director, maintain his/her MICN status by performing MICN

clinical functions at a VC Base Hospital for 8 hours per month, averaged over a six month period.

3. Complete all reauthorization requirements (Appendix A-D) by the first day of the month that the Authorization card expires. In the event the MICN takes a leave of absence from their employer, he/she will have 60 days from the date of return to work to complete any outstanding CE prior to reauthorization, if an EMS Update was offered during leave of absence, it must be made up prior to radio assignment.
4. Maintain current ACLS certification.

B. Upon successful completion of the above requirements, an MICN shall be authorized for a period of two years from the last day of the month in which all requirements were met.

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title: Physician Orders for Life-Sustaining Treatment (POLST)		Policy Number 625
APPROVED Administrator:	Steven L. Carroll, EMT-P	Date: January 8, 2009
APPROVED: Medical Director:	Angelo Salvucci, M.D.	Date: January 8, 2009
Origination Date: Date Revised: Date Last Reviewed: Review Date:	January 7, 2009 February 10, 2011 January, 2014	Effective Date: January 9, 2009

I. PURPOSE: To permit Ventura County Emergency Medical Services personnel to honor valid POLST forms and provide end-of-life care in accordance with a patient's wishes.

II. AUTHORITY: California Health and Safety Code, Sections 1798 and 7186. California Probate Code, Division 4.7 (Health Care Decisions Law).

III. DEFINITIONS:

A. "EMS Personnel": All EMT-1s, EMT-Ps and RNs caring for prehospital or interfacility transfer patients as part of the Ventura County EMS system.

B. Valid Physician Orders for Life-Sustaining Treatment (POLST). A completed and signed physician order form, according to California Probate Code, Division 4.7 and approved by the California Emergency Medical Services Authority.

IV. POLICY:

A. A POLST form must be signed by the patient or surrogate and physician to be valid.

B. Although an original POLST form is preferred, a copy or FAX is valid.

C. When a valid POLST form is presented, EMS personnel will follow the instructions according to the procedures below.

D. The POLST form is intended to supplement, not replace, an existing Advance Health Care Directive. If the POLST form conflicts with the Advance Health Care Directive, the most recent order or instruction of the patient's wishes governs.

V. PROCEDURE:

A. Confirm that:

1. The patient is the person named in the POLST.

2. The POLST form, Section D, is signed by the patient and physician. The form is not valid if not signed by both.

B. POLST form - Section A:

1. If the patient has no pulse and is not breathing AND "Do Not Attempt Resuscitation/DNR" is selected, refer to VC EMS Policy 613 – Do Not Resuscitate.
2. If the patient has no pulse and is not breathing AND EITHER "Attempt Resuscitation/CPR" is selected OR neither option is selected then begin resuscitation.

C. POLST Form – Section B: This section applies if the patient has a pulse and/or is breathing.

1. If **"Comfort Measures Only"** is selected, the following treatments may be done as indicated to relieve pain and suffering:
   a. Patient positioning
   b. Oxygen
   c. Airway suctioning
   d. Relief of airway obstruction (including Magill Forceps)
   e. Pain control per VC EMS Policy 705
2. If **"Limited Additional Interventions"** is selected, in addition to the above "Comfort Measures Only" items, the following treatments may be done may be done as indicated:
   a. IV fluids
   b bag-mask ventilation
   c. CPAP
   d. DO NOT INTUBATE

   If the "Do Not Transfer to hospital for medical interventions" option is selected, contact the base hospital. Generally the patient will be transported.
3. If "**Full Treatment"** is selected the patient will be treated with all medically indicated medications and/or procedures. If a patient has selected both "Do Not Attempt Resuscitation/DNR" in Section A and "Full Treatment" in Section B, if the patient is witnessed to go into a shockable rhythm and still has agonal respirations, defibrillate once and begin bag-mask ventilations, but do not begin chest compressions.

D. If there is any conflict between the written POLST orders and on-scene individuals, contact the base hospital.

E. Take the POLST form with the patient.

VI. DOCUMENTATION:

For all cases in which a patient has been treated according to a POLST form, the following documentation is required in the narrative section of the AVCDS.:

A. A statement that the orders on a POLST form were followed..

B. The section of the POLST form that was applicable.

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title: Medical Control: Paramedic Liaison Physician		Policy Number 701
APPROVED: Administration:	Steven L. Carroll, EMT-P	Date: June 1, 2013
APPROVED: Medical Director:	Angelo Salvucci, M.D.	Date: June 1, 2013
Origination Date: Date Revised: Date Last Reviewed: Review Date:	August 1, 1988 December 13, 2012 December 13, 2012 January 31, 2014	Effective Date: June 1, 2013

I. PURPOSE: To define the role and responsibility of the Paramedic Liaison Physician (PLP) with respect to EMS medical control.

II. AUTHORITY: Health and Safety Code Sections 1707.90, 1798, 1798.2, 1798.102, and 1798.104. California Code of Regulations, Title 22, Sections100147 and 100162

III. POLICY: The Base Hospital shall implement the policies and procedures of VC EMS for medical direction of prehospital advanced life support personnel. The PLP shall administer the medical activities of licensed andaccredited prehospital care personnel and ensure their compliance with the policies, procedures and protocols of VC EMS. This includes:

A. Medical direction and supervision of field care by:

1. Ensuring the provision of medical direction and supervision of field care for Base Hospital physicians, MICNs, PCCs, and Paramedics.
2. Ensuring that field medical care adheres to current established medical guidelines, and that ALS activities adhere to current policies, procedures and protocols of VC EMS.

B. Education by ensuring the development and institution of prehospital education programs for all EMS prehospital care personnel (MDs, MICNs, Paramedics).

C. Audit and evaluation by:

1. Providing audit and evaluation of Base Hospital Physicians, MICNs, PCCs, and ALS field personnel. This audit and evaluation shall include, but not be limited to:
   a. Clinical skills and supervisory activities pertaining to providing medical direction to ALS field personnel.

b. Compliance with current policies, procedures and protocols of the local EMS agency.

c. Base Hospital voice communication skills.

d. Monthly review of all ALS documentation when the patient is not transported.

D. Investigationsaccording to VC EMS Policy 150.

E. Recordkeeping by ensuring that proper accountability and records are maintained regarding:

1. The activities of all Base Hospital physicians, MICNs and Paramedics.
2. The education, audit, and evaluation of base hospital personnel
3. Communications by base hospital personnel

F. Communication equipment operation by ensuring that the base hospital ALS field personnel communication/ telemetry equipment is staffed and operated at all times by personnel who are properly trained and authorized in its use according to the policies, procedures and protocols of VC EMS.

G. Base Hospital liaison by ensuring:

1. Base Hospital physician and PCC representation at Prehospital Services Committee and other appropriate committee meetings
2. Ongoing liaison with EMS provider agencies and the local medical community.
3. On-going liaison with the local EMS agency.

H. Ensuring compliance with Base Hospital Designation Agreement.

Nerve Agent Poisoning

The Incident Commander is in charge of the scene and you are to follow his/her direction for entering and exiting the scene. Patients in the hot and warm zones MUST be decontaminated prior to entering the cold zone.

BLS Procedures

ADULT

Patient's that are exhibiting obvious signs of exposure (SLUDGE) of Organophosphate exposure and/or Nerve Agents

Maintain airway and position of comfort

Administer oxygen as indicated

Mild Exposure: Self or Buddy (rescuers only) Mark 1 or Duodote Antidote Kit IM X 1 (Atropine 2.1 mg and Pralidoxime (2-Pam)

Moderate Exposure: Self or Buddy (rescuers only) Mark 1 or Duodote Antidote Kit IM X 1 (Atropine 2.1 mg and Pralidoxime (2-Pam), may repeat in 10 minutes if symptoms persist

Severe Exposure: Self or Buddy (rescuers only) Mark 1 or Duodote Antidote Kit IM X 3 (Atropine 2.1 mg and Pralidoxime (2-Pam) in rapid succession, rotating injection sites.

PEDIATRIC

Patient's that are exhibiting obvious signs of exposure (SLUDGE)of Organophosphate exposure and/or Nerve Agents

Maintain airway and position of comfort

Administer oxygen as indicated

ALS Prior to Base Hospital Contact

ADULT

Patient's that are exhibiting obvious signs of exposure (SLUDGE) of Organophosphate exposure and/or Nerve Agents

If not administered BLS:
Mild Exposure: Self or Buddy (rescuers only) Mark 1 or Duodote Antidote Kit IM X 1 (Atropine 2.1 mg and Pralidoxime (2-Pam)

Moderate Exposure: Self or Buddy (rescuers only) Mark 1 or Duodote Antidote Kit IM X 1 (Atropine 2.1 mg and Pralidoxime (2-Pam), may repeat in 10 minutes if symptoms persist

Severe Exposure: Self or Buddy (rescuers only) Mark 1 or Duodote Antidote Kit IM X 3 (Atropine 2.1 mg and Pralidoxime (2-Pam) in rapid succession, rotating injection sites.

For seizures:

- **Midazolam**
  - IV/IO – 2 mg
    - Repeat 1 mg q 2 min as needed
    - Max 5 mg
  - IM – 0.1 mg/kg
    Max 5 mg

PEDIATRIC

Patient's that are exhibiting obvious signs of exposure (SLUDGE) of Organophosphate exposure and/or Nerve Agents

- **Atropine < 12 years old**
  - IM/IV – 0.02 mg/kg q 5 min
    - Minimum dose – 0.1 mg
    - May use Atropen 0.5mg IM for 25 kg patients or Atropen 1.0mg IM for 50kg patients. For Patients greater than 50kg, use adult dosage
    - Repeat until symptoms are relieved
- **Pralidoxime (2-Pam) < 12 years old**
  - IM/IV – 15 mg/kg q 5 min
    - Minimum 40 kg patient if using 2-Pam autoinjector)

  Repeat until symptoms are relieved

For seizures:

- **Midazolam**
  - IM – 0.1 mg/kg
    - Max 5 mg

Base Hospital Orders only	
Consult with ED Physician for further treatment measures	Consult with ED Physician for further treatment measures

- Duodote may be administered by Paramedics to themselves, other responders, and exposed, symptomatic public.
- **Diazepam** is available in the CHEMPACK and may be deployed in the event of a nerve agent exposure. Paramedics may administer diazepam using the following dosages for the treatment of seizures:
  - **Adult**: 5 mg IM/IV/IO q 10 min titrated to effect *(max 30 mg)*
  - **Pediatric**: 0.1 mg/kg IV/IM/IO (max initial dose 5 mg) over 2-3 min q 10 min titrated to effect *(max total dose 10 mg)*
- Mild exposure with symptoms: One dose of Duodote
  - Symptoms: Miosis, rhinorrhea, drooling, sweating, blurred vision, nausea, brady, or tachypnea
  - nervousness, fatigue, minor memory disturbances, irritability, unexplained tearing, wheezing, tachycardia, bradycardia
- Moderate exposure with symptoms: One dose of Duodote followed by a second dose in 10 minutes
  - Symptoms: Miosis, rhinorrhea, SOB, wheezing, secretions, soft muscle weakness and fasciculations, GI effects
- Severe exposure with symptoms: three doses of Duodote in rapid succession
  - Symptoms: Strange confused behavior, severe difficulty breathing, twitching, unconsciousness, seizing, flaccid, apnea pinpoint pupils involuntary defecation, urination

COUNTY OF VENTURA HEALTH CARE AGENCY	EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title: Interfacility Transport Of Patients With IV Heparin & Nitroglycerin	Policy Number 722
APPROVED: Administration: Steven L. Carroll, Paramedic	Date: January, 10, 2008
APPROVED: Medical Director: Angelo Salvucci, M.D.	Date: January, 10, 2008
Origination Date: June 15, 1998 Date Revised: January 10, 2008 Date Last Reviewed: February 9, 2012 Review Date: January 31, 2014	Effective Date :January 10, 2008

I. PURPOSE:

To provide a mechanism for paramedics to be permitted to monitor infusions of nitroglycerin and heparin during interfacility transfers.

II. POLICY:

A. Paramedics: Only those Paramedics who have successfully completed a training program approved by the Ventura County EMS Medical Director on nitroglycerin and heparin infusions will be permitted to monitor them during interfacility transports.

B. ALS Ambulance Providers: Only those ALS Ambulance providers approved by the Ventura County EMS Medical Director will be permitted to provide the service of monitoring nitroglycerin and/or heparin infusions during interfacility transports

C. Patients: Patients that are candidates for paramedic transport will have pre-existing intravenous heparin and/or nitroglycerin drips. Pre-hospital personnel will not initiate heparin and nitroglycerin drips.

III. PROCEDURE:

A. Medication Administration

1. The paramedic shall receive a report from the nurse caring for the patient and continue the existing medication drip rate
2. If medication administration is interrupted by infiltration or disconnection, the paramedic may restart or reconnect the IV line.
3. All medication drips will be in the form of an IV piggyback monitored by a mechanical pump familiar to the Paramedic who has received training and is familiar with its use.
4. In cases of pump malfunction that cannot be corrected, the medication drip will be discontinued and the receiving hospital notified.

B. Nitroglycerin Drips: Paramedics are allowed to transport patients on nitroglycerin drips within the following parameters:

1. Infusion fluid will be D5W. Medication concentration will be either 25 mg/250ml or 50 mg/250ml.
2. Drip rates will remain constant during transport. No regulation of the rate will be performed except to turn off the infusion completely.
3. In cases of severe hypotension, the medication drip will be discontinued and the receiving hospital notified.
4. Drip rates will not exceed 50 mcg/minute.
5. Vital signs will be monitored and documented every 5 minutes.

C. Heparin Drips: Paramedics are allowed to transport patients on heparin drips within the following parameters:

1. Infusion fluid will be D5W or NS. Medication concentration will be 100 units/ml of IV fluid (25,000 units/250ml or 50,000 units/500 ml).
2. Drip rates will remain constant during transport. No regulation of the rate will be performed except to turn off the infusion completely.
3. In cases of severe uncontrolled bleeding, the medication drip will be discontinued and the base hospital notified.
4. Drip rates will not exceed 1600 units/hour.
5. Vital signs will be monitored and documented every 10 minutes.

D. QI: All calls will be audited by the service provider and by the transferring and receiving hospitals. Audits will assess compliance with VCEMS Policy, including base hospital contact in emergency situations. Reports will be sent to the EMS agency as requested.