05-1007 – Paramedic OS - Antibiotics Continuation IFT

Authority

Health and Safety Code Division 2.5, California Code of Regulations, Title 22, Division 9

Definition

Antibiotic Continuation for IFT (Interfacility Transfer)

The goal is the continuation of an antibiotic started in the emergency Department prior to the patient being transferred.

Indication

Diagnosed with an infection or suspected infection requiring treatment with antibiotics.

Contraindications

1. Known allergy or sensitivity to the medication.
2. The patient is suffering from septic shock and on vasopressors to maintain their hemodynamic status and therefore should be transported via either CCT (Critical Care Transport) or Air Medical Services if available.
3. Less than 15 years of age.
4. Paramedics shall not initiate an antibiotic infusion.

Adverse Reactions/Complications

1. Allergic reaction or anaphylaxis.
2. Ototoxicity or Nephrotoxicity
3. Localized reaction to the infusion: redness/burning at the intravenous site.
4. IV infiltration

Dosage of the Infusion

Will vary depending on the antibiotic to be infused. This will be clarified with the physician and/or RN prior to leaving the facility.

Rate of the Infusion

The rate of the antibiotic infusion will vary depending on the medication. The infusion rate will be per the sending facility and be documented on the IFT written orders. Antibiotics will be administered by infusion pump or an in-line rate control device, such as a Dial-A-Flow. Antibiotics shall never be administered by IV push or via non-controlled gravity sets (Macro or Micro drop). Typical infusion rates are from 30 to 60 minutes in total. The only exception is Vancomycin which is up to 120 minutes depending upon the total dosage.

ALS Care

1. Supplemental oxygen to keep SpO2 equal to or greater 94% and be ready to assist ventilations as needed.
2. Cardiac Monitor to be placed and treat arrythmias according to standard protocol(s).
3. The antibiotics need to be started before the start of the transport.
4. The paramedic needs to confirm the 5 “rights” of medication administration,
5. Verify infusion rate a.
6. Verify the total time remaining on the infusion prior to departure.
7. If the patient experiencing an allergic reaction or anaphylaxis immediately stop the infusion. Then disconnect and start either Normal Saline or Lactated Ringers solution.
8. Follow the standing orders for allergic reaction, anaphylaxis, and/or shock.
9. Notify Medical Control of the allergic reaction or anaphylaxis.
10. If the infusion is completed during transport, save the infusion bag and continue the IV at TKO or the rate previously ordered.
11. The paramedic can either monitor the infusion or stop the infusion if needed.

12. The paramedic cannot alter the rate of the infusion.
13. If the IV infiltrates the paramedic can restart a new IV and continue the infusion.
14. The patient needs to have two functional IV sites prior to the IFT.
15. No other medications can be infused along with the antibiotics.
16. After the antibiotics are completed then flush the IV line.

Documentation

1. This protocol is for Local Optional Scope of Practice paramedic who have completed the training.
2. The medication (antibiotic) needs to be documented in the medication section and the narrative sections.
3. The provider agencies shall review 100% of these cases each month.
4. Submit any adverse outcomes to the EMS agency immediately within 72 hours.
5. The provider agencies need to submit quarterly summary report to the EMS agency.
6. The quarterly report shall contain patient (s) PCR #, any adverse reactions (Yes/No) including what the adverse outcome was, and any protocol violations.
7. If there was an allergic reaction or anaphylaxis the outcome of the patient. Did the patient get a medication they were allergic to?

Considerations

1. This protocol is for local optional scope of practice paramedics only.
2. They need to have completed the additional training, examination, and skills competency validation.
3. The medication (antibiotic) needs to be documented in the medication section and the narrative section.
4. The paramedic shall not take the patient if they are hypotensive and believed to be in septic shock.
5. The paramedic shall not take the patient if there is an acute deterioration in the patient's condition.
6. The patient shall not be on vasopressors to support their hemodynamic status.
7. The prehospital provider has any concerns that their experience or capability may not meet the patient's current/anticipated needs during the transport.