West Virginia
Office of
Emergency Medical Services

WEST VIRGINIA
EMS SYSTEM

Class 3 Inter-Facility Transport (C3-IFT)
Paramedic Protocols

West Virginia Department of Health and Human Resources
Bureau for Public Health
Office of Emergency Medical Services
February 2007
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Effective:
## Contents-3000 Series IFT Protocols

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### Inter-Facility Transport Policies and Protocols

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Volume Expander Protocol

This protocol covers blood, blood products, and colloid volume expanders. All of these components must be infusing prior to transport. Blood must be infusing via the appropriate tubing with normal saline IV spiked for infusion after the transfusion is complete. Colloid volume expanders may be re-administered and titrated by the Class 3 IFT-Paramedic (C3-IFT-P).

A. Perform Class 3 IFTA Protocol 9201.

B. Treatment for whole blood, packed red blood cells, platelets, fresh frozen plasma, and other blood components or elements:

1. If patient condition or diagnosis requires the administration of more than one already infusing blood product, contact Medical Command for aeromedical or CCT ground transport arrangements.

2. Continue the infusion rate as set by the sending physician. All blood products are monitor only for the C3-IFT paramedic.

3. Monitor and document vital signs every 15 minutes during infusion.

4. When transfusion is complete, infuse normal saline IV at 100 ml/hr or at a rate ordered by the sending physician.

5. Monitor patient closely for nausea, vomiting, chills, fever, itching, rash, dyspnea, back pain, chest pain, or other signs of a transfusion reaction.

6. In the event of a transfusion reaction, discontinue blood product infusion immediately, reassess patient and vital signs, and contact MCP for possible management orders.

C. Treatment for colloid administration:

1. Colloid volume expanders (Hespan, Plasmanate) can be re-administered, titrated, and monitored by the BIFT paramedic.
2. In the acute hypovolemic patient, isotonic crystalloid infusion should be considered prior to the administration of IV colloids.

3. Colloid infusions must infuse at the rate set by the sending physician and may be re-administered or titrated after consultation with the MCP.

4. Monitor and document vital signs every 15 minutes during infusion.

5. Monitor patient closely for nausea, vomiting, chills, fever, hives.

6. When infusion is complete, infuse normal saline IV at 100 ml/hr or at a rate ordered by the sending physician.

SPECIAL NOTE: Blood and blood products must have been infusing for at least 15 minutes prior to leaving the facility.
Cardiac NTG Drip Protocol

Indicated for the management of cardiovascular induced chest pain and/or discomfort in such conditions as Acute Coronary Syndromes (ACS) and/or Congestive Heart Failure (CHF) with normal or elevated blood pressure.

A. Perform Class 3 IFTA Protocol 9201.

B. Treatment with nitroglycerine (NTG) IV Drip:

1. The C3-IFT paramedic may monitor or titrate an infusing NTG drip but may not initiate the infusion primarily.
2. Continue the infusion rate as ordered by the sending physician.
3. Assess and document pain utilizing an appropriate pain scale.
4. If pain persists, titrate NTG in 5 mcg/min increments every 3 to 5 minutes until pain decreases. Closely monitor systolic blood pressure and maintain at or above a minimum systolic blood pressure determined by the sending physician.
5. IV NTG is commonly administered within a therapeutic range from 5 to 50 mcg/min.
6. Obtain blood pressure and heart rate every 5 minutes when titrating NTG, otherwise obtain blood pressure every 15 minutes while NTG is infusing.
7. If pain persists, consider Analgesic Protocol 3901.
8. Monitor patient for headache, dizziness, anxiety, hypotension, or tachycardia.
9. If blood pressure drops below 90 systolic, temporarily stop NTG infusion and reassess patient. Consider a 250 ml bolus of normal saline.
10. Limit drop in systolic blood pressure to no greater than 30 mm Hg below baseline in hypertensive patients.
11. If patient remains hypotensive, discontinue any further IV NTG and consult with MCP for further treatment.
Hypertension NTG Drip Protocol

This protocol is utilized when the patient is being treated with IV nitroglycerine for control of elevated blood pressure during a Class 3 inter-facility transport.

A. Perform Class 3 IFTA Protocol 9201.

B. IV nitroglycerine (NTG) Drip 5 to 50 mcg/min

1. Continue infusion rate as ordered by the sending physician.

2. Titrate as needed in 5 mcg/min increments every 3 to 5 minutes to maintain blood pressure within systolic parameters determined by the sending physician.

3. Monitor patient for headache, dizziness, anxiety, hypotension, or tachycardia.

4. Obtain blood pressure and heart rate every 5 minutes when titrating NTG, otherwise obtain blood pressure every 15 minutes while NTG is infusing.

5. If blood pressure drops below 90 systolic, temporarily stop the NTG infusion and reassess the patient. Consider a 250 ml bolus of normal saline IV.

6. If patient remains hypotensive, discontinue any further IV NTG and consult MCP.
Medications administered in order to control atrial and/or ventricular arrhythmias and improve cardiac pumping action and cardiac output.

The medications in this protocol are monitor only for the C3-IFT-paramedic.

A. Perform Class 3 IFTA Protocol 9201.

B. Treatment

1. Continue infusion rate as ordered by the sending physician.
2. Blood pressure and heart rate should be assessed and documented every 15 minutes while anti-arrhythmic medications are infusing.
3. Monitor for signs or symptoms of hypoperfusion such as hypotension, bradycardia, pallor, dyspnea, nausea, vomiting, and altered mental status.
4. Discontinue medication and consult MCP if patient exhibits signs of hypoperfusion.

C. Medications

1. Amiodarone (Cordarone): 0.5 to 1 mg/min IV is common therapeutic dose.
2. Diltiazem (Cardizem): 5 to 15 mg/hr IV is common therapeutic dose.
3. Procainamide (Pronestyl): 1 to 4 mg/min is common therapeutic dose.
Medications administered to manage central hypoperfusion by increasing blood pressure, mean arterial pressure, and improving cardiac output.

If more than one vasopressor medication is required to maintain blood pressure and perfusion, contact Medical Command for aeromedical or CCT ground transport.

A. Perform Class 3 IFTA Protocol 9201.

B. Treatment

1. Continue infusion rate as ordered by the sending physician.
2. Medications should be titrated to maintain minimum systolic blood pressure of 90 mmHg and/or mean arterial pressure (MAP) of 60 mmHg.
3. Vital signs should be assessed and documented every 15 minutes while vasopressor medications are infusing.
4. Monitor for dyspnea, pulmonary edema, severe tachycardia, hypertension, or phlebitis.
5. Discontinue medication and consult MCP if patient exhibits signs of hypertension, tachycardia, or IV infiltration.

C. Medications

1. **Dopamine** 5 to 20 mcg/kg/min IV. Sending physician will order dose, blood pressure and pulse parameters for titration. Titrate at 2 mcg/kg/min every 5 minutes. **Consult with MCP** if patient remains hypotensive with Dopamine infusing at 20 mcg/kg/min IV.

2. **Dobutamine** 2 to 20 mcg/kg/min IV. Must be initiated by the sending physician. Sending physician will order dose, blood pressure and pulse parameters for titration. Titrate at 2 mcg/kg/min every 5 minutes. **Consult with MCP** if patient remains hypotensive with Dobutamine infusing at 20 mcg/kg/min IV.
Used for the management of reversible lower airway disease, bronchospasms, exacerbations of asthma or COPD, and anaphylaxis.

A. Perform Class 3 IFTA Protocol 9201.

B. Treatment

1. Administer inhaled medications as prescribed by the sending physician.
2. In the event that no inhaled medication is prescribed, consider bronchodilators in Bronchospasm Protocol 4302.
3. Document vital signs including pulse oximetry and breath sounds before and after administration of an inhaled medication.

C. Inhaled Medication

1. Alupent (Metapreterenol) 0.2 to 0.3 mg/2.5 ml normal saline via nebulizer, over 5 to 15 minutes. May repeat every four hours as ordered.

D. Intravenous Medication

1. Theophylline IV is a monitor only medication for the BIFT paramedic. Observe for tachycardia, anxiety, palpitations, chest pain, tremors, and hypotension. Specific dose depends on diagnosis, history, and pertinent lab values and must be set by the sending physician.
Antivenin Protocol

This protocol is used when antivenin has been initiated at the sending facility and must be continued during transport. Antivenin may be used in patients with moderate to severe reaction from a venomous snake bite or a severe reaction from a black widow spider envenomation.

Contraindications: Known allergy. The Crotalidae Polyvalent Antivenin, Antivenin Micrurus Fulvius, and the Black Widow Antivenin are derived from horse serum, therefore allergy to horses and a prior reaction to horse serum derived products are relative contraindications.

A. Perform Class 3 IFTA Protocol 9201.

B. Treatment

1. Maintain infusion rate ordered by the sending physician. The IV site should be in the unaffected extremity.

2. Consider aeromedical transport if available to minimize out of hospital time between the sending and receiving facility.

3. Monitor vital signs every 15 minutes if asymptomatic and every 5 minutes if symptomatic. Symptoms may include nausea, vomiting, mental status changes, tachycardia, hypotension, and uncontrolled bleeding.

4. Monitor patient for signs and symptoms of allergic or anaphylactic reaction. If symptoms are present, refer to Allergic Reaction / Anaphylaxis Protocol 4501 and contact MCP.

5. If symptoms progress or systemic symptoms begin or worsen, contact Medical Command for further orders or possible ground CCT intercept.
C. Antivenin: The following are examples of antivenin agents and their common infusion rates and doses. Antivenin administration is monitor only for the C3-IFT paramedic.

1. Antivenin Micrurus Fulvius: (used for coral snake envenomation); 30 to 50 ml slow IV.

2. Black Widow Antivenin: 1 or 2 vials infused over 30 minutes.

3. CroFab Immune Fab: 4 to 6 vials IV, repeat 4 to 6 vials in one hour if progression of symptoms continues. Further doses are 2 vials every 6 hours for 3 more doses.

4. Crotalidae Antivenin Polyvalent: 10 to 20 vials IV drip.
Antibiotic Protocol

Any antibiotic must have been infusing for at least 15 minutes prior to transport and determination made that patient is not experiencing an allergic reaction to the medication.

A. Perform Class 3 IFTA Protocol 9201.

B. Treatment

1. Only one antibiotic may be infusing at the time of transport.

2. Continue infusion rate as set by the sending physician.

C. Monitor patient for symptoms of an allergic reaction: rash, hives, dyspnea, itching, and/or tachycardia.

D. If symptoms occur, stop the infusion, refer to Allergic Reaction / Anaphylaxis Protocol 4501 and consult MCP for further orders.
Medications administered for various vascular diseases in which the goal of management is to prevent platelets from sticking together or aggregating, thus forming or enlarging a blood clot.

A. Perform Class 3 IFTA Protocol 9201.

B. Treatment
   1. Continue infusion rate as ordered by the sending physician.
   2. These medications are monitor only for the C3-IFT paramedic.

C. Monitor patients for acute bleeding, chest tightness, dyspnea, dizziness, headache, or severe hypertension.

D. Discontinue infusion and consult MCP if symptoms develop.

E. Intravenous Drip Medications
   1. Heparin: approximately 15 to 18 units/kg/hr (exact dosage to be ordered by the sending physician).
   2. Aggrastat (Tirofiban): 0.05 to 0.1 mcg/kg/min (exact dosage to be ordered by the sending physician).
   3. Integrilin (Epifibatide): 1 to 2 mcg/kg/min (exact dosage to be ordered by the sending physician).
   4. Reopro (Abciximab): 0.125 mcg/kg/min to a maximum of 10 mcg/min (exact rate to be ordered by the sending physician).
Class 3 IFT-Paramedic
Treatment Protocol 3604

Electrolyte / Nutrition Protocol

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A. Potassium Chloride (KCl): Used for potassium replacement in the patient with hypokalemia or related cardiac arrhythmias. Must be on a pump and at a concentration of no more than 40 meq/1000ml. Must be given over no less than 2 hours.

1. Perform Class 3 IFTA Protocol 9201.
2. Continue infusion rate as ordered by the sending physician.
3. Assess IV site for signs of infiltration.
4. KCl infusions are monitor only for the C3-IFT paramedic.
5. Monitor patient for arrhythmias, confusion, restlessness, and ECG changes.
6. If symptoms occur, contact medical command and consult MCP.

B. Magnesium Sulfate: Used for prevention and treatment of hypomagnesemia and related cardiac dysrhythmias, management of obstetrical emergencies and preterm labor, and as an anticonvulsant.

1. Perform Class 3 IFTA Protocol 9201.
2. Continue infusion rate as ordered by the sending physician.
3. Assess IV site for signs of infiltration.
4. Magnesium Sulfate infusions are monitor only for the C3-IFT paramedic.
5. Monitor patient for arrhythmias, confusion, lack of muscle and reflex tone, restlessness, and ECG changes.
6. If symptoms occur, contact medical command and consult MCP.

C. Total Parenteral Nutrition (TPN): Primary or supplemental nutrition that bypasses the gastrointestinal tract by being infused directly into the bloodstream.

1. Perform Class 3 IFTA Protocol 9201.
2. Continue infusion rate as ordered by the sending physician.
3. Assess IV site for signs of infiltration.
4. TPN infusions are monitor only for the C3-IFT paramedic.
5. TPN should only be administered via central venous catheter.
6. Contact Medical Command if questions or complications develop during transport.
Class 3 IFT-Paramedic Treatment Protocol 3605

Nausea / Vomiting Protocol

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A. Perform Class 3 IFTA Protocol 9201.

B. Treatment

1. Assess patient for signs, symptoms, or complaint of nausea or vomiting.
2. Evaluate for medication allergies and any condition such as hypotension, drowsiness, altered mental status, or bradypnea. If any are present, contact MCP prior to administration of any antiemetic agents.
3. Ensure the IV is patent and infusing without difficulty and there are no signs of infiltration or inflammation.
4. Document vital signs, presenting symptoms, and / or complaints prior to the administration of an antiemetic agent.
5. Administer one of the appropriate antiemetic medications as ordered below.
7. If no improvement contact Medical Command.

C. Medications: Administer the antiemetic medication ordered by the sending physician. Otherwise, unless contraindicated, consider Promethazine as the initial antiemetic agent.

1. Phenergan (promethazine): 12.5 mg IV, diluted with minimum of 5 ml of normal saline, administered slow IV over 1 to 2 minutes. For persons older than 65, the initial dose is 6.25 mg IV. Dose may be repeated once in 4 to 6 hours as needed. Further orders or additional doses per MCP only.
2. Zofran (ondansetron): 4 mg slow IV, over 2 to 5 minutes. Dose may be repeated once in 4 to 6 hours as needed. Further orders or additional doses per MCP only.
3. Compazine (prochlorperazine): 5 – 10 mg slow IV, over 2 minutes. Dose may be repeated once in 4 to 6 hours as needed. Further orders or additional doses per MCP only.
A. Mannitol: Osmotic diuretic indicated for acute brain injuries with increased intracranial pressure and/or herniation syndrome.

1. Perform Class 3 IFTA Protocol 9201.
2. Mannitol is a monitor only medication for the C3-IFT paramedic.
3. If patient is unstable or is experiencing an altered level of consciousness, contact Medical Command for aeromedical or CCT ground transport.
4. Continue infusion rate as ordered by sending physician.
5. Assess and document vital signs, pulse oximetry, and GCS every 15 minutes unless condition deteriorates. If so, assess ABC’s, repeat vital signs every 5 minutes, and consult MCP.
6. Monitor for hypotension, dehydration, urine output, and changes in neurological status.
7. If the above develop during transport, contact Medical Command.

B. Solumedrol: Continuous IV steroid infusions are administered to manage acute spinal cord injuries (SCI).

1. Perform Class 3 IFTA Protocol 9201.
2. Solumedrol is a monitor only medication for the C3-IFT paramedic.
3. If patient is unstable or is experiencing loss of motor/sensory functions to extremities, contact Medical Command for aeromedical or CCT ground transport.
4. Continue infusion rate as ordered by sending physician.
5. Obtain a baseline finger stick blood glucose prior to transport.
6. Monitor for deterioration of neurological status, hypotension, and neurogenic shock. If symptoms present during transfer, contact Medical Command.
Proton Pump Inhibitor (PPI) are long-acting medications that work to reduce the amount of gastric acid. They are indicated for symptomatic Peptic Ulcer Disease (PUD) and Gastroesophageal Reflux Disease (GERD).

A. Perform Class 3 IFTA Protocol 9201.

B. Treatment

1. Monitor for headache, gastrointestinal bleeding, nausea, diarrhea, abdominal pain, itching, or rash.
2. Continue infusion as ordered by the sending physician.
3. PPI medications may be re-administered, titrated, and monitored by the BIFT paramedic.
4. Infusion rate changes during transport should be ordered by the sending physician prior to departure.
5. If patient becomes symptomatic during transfer, discontinue medication and contact Medical Command.

B. Medications

Commonly administered medications are Protonix, Nexium, and Prevacid. Some doses may be administered intravenously or orally. Specific doses may vary based on patient weight, presentation, or diagnosis. The sending physician must order dose and route prior to patient transfer.
A. Perform Class 3 IFTA Protocol 9201.

B. Treatment

1. Assess and document presenting signs and symptoms that require the administration of an analgesic medication.
2. Obtain and document current vital signs.
3. Opiate analgesic administration to a patient with respiratory depression, hypotension, or altered mental status is contraindicated.
4. Administer the approved analgesic medication as ordered by the sending physician.

5. Approved medications:

   i. **Morphine Sulfate**: 2-4 mg slow IV, over 1 to 2 minutes. May repeat every 30 minutes up to 8 mg total. **Additional doses per order of MCP**. Continuous infusions of Morphine must be maintained at the dose ordered by the sending physician. Morphine sulfate continuous IV infusion is **monitor only for the C3-IFT paramedic**.

   ii. **Demerol (Meperidine)**: 25 mg slow IV, over 2 minutes. Must be diluted in 5 ml of normal saline. May repeat one time after 60 minutes. **Additional doses per order of MCP**.

7. If no improvement or medication administered is ineffective, contact Medical Command.

C. Morphine Sulfate is the only opiate analgesic that can be monitored as a continuous IV infusion by the C3-IFT paramedic.
Sedation Protocol

This protocol is used during Class 3 inter-facility transports when administration of a sedative is indicated to decrease anxiety and generally calm the patient. It is also utilized to provide sedation in intubated patients.

Continuous infusions of sedative medications is NOT in the scope of practice of the C3-IFT-paramedic.

A. Perform Class 3 IFTA Protocol 9201.

B. Treatment in the Non-intubated patient:
   1. Confirm and document signs and symptoms that indicate the need for administration of the sedative.
   2. Obtain and document vital signs.
   3. Sedation of a patient with respiratory depression, hypotension, or decreased mental status is contraindicated.
   4. Administer the sedative from the chart below at the dose ordered by the sending physician.
   5. Document the outcome and effectiveness of the medication.
   6. If no improvement or medication is ineffective, consult with Medical Command Physician for further orders.

C. Treatment in the Intubated Patient:
   1. Assess and document endotracheal tube size and depth and confirm proper placement by auscultation of breath sounds and end-tidal carbon dioxide (ETCO2) detector.
   2. Obtain and document vital signs.
   3. If patient is hypotension, consult MCP prior to administration of any sedatives.
   4. Administer the sedative from the chart below at the dose ordered by the sending physician.
   5. Document the outcome and effectiveness of the medication.
   6. If no improvement or medication is ineffective, consult with Medical Command Physician for further orders.
D. Approved sedatives for Class 3 inter-facility transports:

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<th>Drug</th>
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<th>Intubated IV dose</th>
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<tbody>
<tr>
<td>Midazolam (Versed)</td>
<td>1 mg</td>
<td>0.1 mg/kg up to 5 mg</td>
<td>5 minutes max dose 10 mg</td>
<td>Give slowly over 2 minutes</td>
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<tr>
<td>Lorazepam (Ativan)</td>
<td>1 mg</td>
<td>2 mg</td>
<td>10 minutes max dose 10 mg</td>
<td>Dilute with equal ml's of normal saline, give slowly over 2 minutes</td>
</tr>
<tr>
<td>Diazepam (Valium)</td>
<td>2.5 mg</td>
<td>5 mg</td>
<td>5 minutes max dose 10 mg</td>
<td>Give slowly over 2 minutes</td>
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Special Notes:

1. Contact Medical Command Physician for additional doses.
2. Do Not give sedatives in an IV line with any other medication. Flush line with 5 ml normal saline before and after giving the drug.
3. Analgesic should be given concurrently with sedatives when pain is suspected in the intubated patient.
This protocol is used ONLY in situations where medical personnel have overmedicated the patient with opiate or benzodiazepine medications, causing unwanted CNS depression and/or hypoventilation.

This protocol is per order of Medical Command Physician only.

A. Perform Class 3 IFTA Protocol 9201.

B. Treatment

1. Observe patient for decreased level of responsiveness from baseline and/or decreased respiratory effort/rate.
2. Confirm reversal agent medication provided and ordered by the sending physician.
3. Consult Medical Command Physician to confirm indication for administration of reversal agent and discuss potential untoward effects.
4. If ordered by MCP, administer approved reversal agent as listed below.
5. If no improvement in symptoms provide supportive care and consult MCP for further treatment.

C. Approved reversal agents:

1. Flumazenil (Romazicon) 0.2 mg IV over 15 seconds. If the desired result is not achieved, may repeat every 60 seconds up to maximum dose of 1 mg IV.
2. Naloxone (Narcan) 0.4 mg IV over 80 seconds. May repeat every 3-5 minutes to a maximum dose of 10 mg.
This protocol is intended for the patient who has been intubated and medically stabilized by the sending physician. The patient must have had at least one dose of paralytic agent prior to transport. During transfer the C3-IFT-Paramedic may need to re-administer an approved paralytic medication.

An EMT-B or higher level attendant must be available to assist the paramedic and be physically present in the patient compartment at all times throughout the transport.

A. Perform Class 3 IFTA Protocol 9201.

B. Treatment:

1. Assess and document endotracheal tube size and depth, and confirm proper placement by auscultation of breath sounds and end-tidal carbon dioxide (ETCO2) detector.

2. Obtain and document vital signs.

3. Repeat vital signs at least every 15 minutes in the intubated patients receiving paralytic agents.

4. Maintain a bag-valve device (BVD) with appropriate size face mask with the patient at all times during transfer.

5. Document the most recent time of sedative, analgesic, and paralytic agent administration to the patient.

6. Monitor for signs of movement, eye opening, restlessness, spontaneous respirations, or other indications that a repeat dose of paralytic medication is required.

7. If indicated administer the approved paralytic agent as listed below as ordered by the sending physician.

8. Never administer paralytic agents without adequate sedation and/or analgesic pain control.

10. For proper analgesic medication, refer to Analgesic Protocol 3901.

C. Approved paralytic agent:

Vecuronium (Norcuron) 0.1 mg/kg IV administered over 30-60 seconds (maximum dose of 10 mg). May be repeated as ordered every 40 – 60 minutes as needed.
Inter-Facility Transport Protocol 9201

Inter-Facility Transport Assessment (IFTA) Procedures

This protocol outlines the procedures to be utilized by EMS providers when transporting patients from a sending facility to a receiving facility.

The sections utilized by each Class of provider are as follows:

- Class 6 (EMT-B) Sections A through F
- Class 5 (EMSA-I) Sections A through F, plus G, H, and I
- Class 4 (Field EMT-P) Sections A through F, plus J, K, and L
- Class 3 (C3-IFT-P) Sections A through F, plus M, N, and O

The above classes of providers should transport stable patients only. If the patient presents with unstable symptoms or a scope of care which exceeds that of the provider class, contact Medical Command for assistance in determining the proper class of transport including aeromedical or ground CCT transport.

The Inter-facility Classification Flowsheet should be utilized to aid in the determination of the level of care recommended for transport based on the various medications and procedures required by the patient.

In the adult population, overall stability shall be determined, but not limited to the following assessment parameters within the 60 minutes prior to transport:
- No decrease in mental status or Glasgow Coma Scale (GCS)
- Overall GCS > 12 (unless decreased GCS is chronic and unrelated to an acute illness or injury)
- Systolic BP > 90 mmHg or < 200 mmHg
- Heart rate > 50 bpm or < 140 bpm
- Respiratory rate > 10/min or < 24/min

In the pediatric population, any question of overall stability shall ultimately be determined by the Medical Command Physician in consultation with the sending and/or receiving physician.
A. Prior to arrival, the IFT provider should receive general information from their communications center or the sending facility. Information should include the medical necessity and reason for transfer, current patient condition and interventions, expected medical needs during the transfer, and finally the receiving physician, facility and unit-department assignment.

B. Upon arrival at the sending facility, the IFT provider should receive a verbal report from the primary care nurse or physician and a signed Physician Certification Report as appropriate. Updated information regarding current condition, medical care, and destination should be obtained.

C. Upon initial contact with the patient, begin and document an assessment:

1. Airway, Breathing, Circulation, Disability, and GCS.
2. SAMPLE history and obtain initial vital signs.
3. Detailed physical examination as appropriate for situation.
4. Inspect all dressings, drains, and tubes for amount, color, and consistency of drainage. Document location, size, and patency.
5. Monitors: All patients must be on monitoring devices consistent with the Class of transport and scope of care being provided. All Class 3, 4, and 5 IFT patients must be on a cardiac monitor and continuous pulse oximetry during transport.
6. All patients must have an accepting (receiving) physician. Document the name of this physician on the patient care record.
7. Determine if the patient is packaged properly for transfer, all records and radiographic images are with the patient, and prepare for departure.
8. If family members are present, make sure that destination and travel instructions are given.
D. During transport, vital signs should be monitored and documented every 30 minutes. If the patient condition changes, repeat vital signs every 5 minutes and consult MCP.

E. At the completion of the transport, give report to the receiving nurse or physician. Include condition during transfer, interventions and outcomes, and most recent set of vital signs.

F. Turn over all medical record documents, transport notes, and patient belongings to the staff.

Depending on the Class of transport being conducted the following additional procedures should be utilized:

CLASS 5 – EMSA-Intermediate inter-Facility scope of practice. The EMSA-I should also utilize sections G, H, and I below:

G. The EMSA-I (Class 5) is limited to providing interfacility care to those patients whose medical conditions can be addressed utilizing only the medications and procedures outlined in the 5000 Series protocols. No additional medications or procedures are authorized.

H. Any anticipated medications which the patient may need while in transport should be identified and the sending physician MUST provide written orders outlining the exact route and dosing of the medication. The EMSA-I must obtain these orders in writing prior to leaving the facility. In the event that unforeseen or unanticipated events develop during transport the EMSA-I should utilize the 5000 series protocols and contact Medical Command.

I. Turn over all unused medications to Registered Nurse at receiving facility and have the nurse sign the Patient Care Record attesting to receiving of medication(s) or wasting of excess medication as appropriate. Note: The disposition of Schedule II and IV medications may require additional specific documentation per local squad medical director or squad policy.
CLASS 4 - Field Paramedic Inter-Facility scope of practice. The Class 4 Paramedic should utilize sections J, K, and L below:

J. The Class 4 Paramedic is limited to providing interfacility care to those patients whose medical conditions can be addressed utilizing only the medications and procedures outlined in the 4000 Series protocols. No additional medications or procedures are authorized.

K. Any anticipated medications which the patient may need while in transport should be identified and the sending physician MUST provide written orders outlining the exact route and dosing of the medication. The Class 4 Paramedic must obtain these orders in writing prior to leaving the facility. All continuous IV infusion medications except maintenance IV fluid must infuse via pump. In the event that unforeseen or unanticipated events develop during transport the Class 4 Paramedic should utilize the 4000 series protocols and contact Medical Command.

L. Turn over all unused medications to Registered Nurse at receiving facility and have the nurse sign the Patient Care Record attesting to receiving of medication(s) or wasting of excess medication as appropriate. Note: The disposition of Schedule II and IV medications may require additional specific documentation per local squad medical director or squad policy.
CLASS 3 – IFT Paramedic Inter-Facility scope of practice. The Class 3 IFT Paramedic should utilize sections M, N, and O below:

M. The C3-IFT Paramedic is limited to providing interfacility care to those patients whose medical conditions can be addressed utilizing only the medications and procedures outlined in the 3000 Series protocols. The additional medications utilized in the 3000 Series protocols MUST be provided by the sending facility. Only the medications and procedures outlined in the 3000 Series protocols are authorized.

N. Any anticipated medications which the patient may need while in transport should be identified and the sending physician MUST provide written orders outlining the exact route and dosing of the medication. The C3-IFT Paramedic must obtain these orders in writing prior to leaving the facility. All continuous IV infusion medications except maintenance IV fluid must infuse via pump. In the event that unforeseen or unanticipated events develop during transport the C3-IFT Paramedic should utilize the 4000 series protocols and contact Medical Command.

O. Turn over all unused medications to Registered Nurse at receiving facility and have the nurse sign the Patient Care Record attesting to receiving of medication(s) or wasting of excess medication as appropriate. Note: The disposition of Schedule II and IV medications may require additional specific documentation per local squad medical director or squad policy.
WVOEMS
Class 3 Inter-Facility Transport (C3-IFT) Course
PSS 1A - IV Pump Management

Name: ___________________________  Examiner: ___________________________
Date: ___________________________  Signature: ___________________________

Time Start: _______________

Time end: _______________

TOTAL 11

Note: This station should be completed within 15 minutes

Critical Criteria:

_____ Failure to begin administration of medication on pump within 3 minutes
_____ Failure to calculate 2 out of 3 correct doses of the medication to be infused
_____ Contaminates equipment or site without appropriately correcting situation
_____ Performs or orders any harmful or dangerous actions or interventions

Please document below your rational for checking any of the above critical criteria:
WVOEMS
Class 3 Inter-Facility Transport (C3-IFT) Course
PSS 1B - Drug Calculations

Name: ___________________________ Examiner: ___________________________

Date: ___________________________ Signature: ___________________________

This is only a sample of the drug calculations. These will change at every testing by the WVOEMS.

You are transporting a 52 year-old male that weighs 82 kg from a small hospital. On your arrival you find the following drips running:

- Dopamine 400 mg in 250 ml of NS running at 36 ml/hr. How many mcg/kg/min is the patient receiving?

- Nitroglycerine 50 mg in 250 ml and the doctor orders 20 mcg/min. What should the rate be?

- Normal Saline bolus of 200 ml over 20 minutes using a 10-drop set. How many drops per minute?
WVOEMS
Class 3 Inter-Facility Transport (C3-IFT) Course
PSS 2 - Ventilator Management

<table>
<thead>
<tr>
<th>Task</th>
<th>Possible Points</th>
<th>Points Awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>Turn machine on</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Hook to oxygen</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Attach vent tubing to ventilator</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Set rate (12-20) based on patient settings</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Set tidal volume (7-10ml/kg) based on patient settings</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Set PEEP based on patient settings</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Set FIO2 (21%–100%) based on patient settings</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Critical Criteria:

- Failure to obtain correct ventilator setting.
- Failure to attach Oxygen to ventilator
- Failure to adequately ventilate the patient
- Failure to select the correct ventilator FIO2

Please document below your rationale for checking any of the above critical criteria:
## WVOEMS
Class 3 Inter-Facility Transport (C3-IFT) Course
PSS 3 - Drainage Assessment and Management

<table>
<thead>
<tr>
<th>Name: ___________________________</th>
<th>Examiner: ___________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date: ___________________________</td>
<td>Signature: ___________________________</td>
</tr>
</tbody>
</table>

### Foley Catheter Irrigation

<table>
<thead>
<tr>
<th>Possible Points</th>
<th>Points Awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rule out any kinks</td>
<td>1</td>
</tr>
<tr>
<td>Gently palpate the patient’s bladder to feel for distention</td>
<td>1</td>
</tr>
<tr>
<td>Gather supplies (Bulb syringe, Irrigation fluid, Sterile gloves)</td>
<td>1</td>
</tr>
<tr>
<td>Draw up 30 ml of sterile fluid</td>
<td>1</td>
</tr>
<tr>
<td>Disconnect Foley catheter from drainage bag maintaining sterility</td>
<td>1</td>
</tr>
<tr>
<td>Instill sterile fluid into bladder (If resistance is met, STOP)</td>
<td>1</td>
</tr>
<tr>
<td>Be sure to document the amount of fluid returned in the drainage bag</td>
<td>1</td>
</tr>
</tbody>
</table>

### Chest Tube Management

<table>
<thead>
<tr>
<th>Possible Points</th>
<th>Points Awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prepare for transport by assessing the chest tube</td>
<td>1</td>
</tr>
<tr>
<td>Tape all connections. Tape the chest tube to the chest wall.</td>
<td>2</td>
</tr>
<tr>
<td>Maintain appropriate water levels in both the underwater chamber and the suction chamber</td>
<td>1</td>
</tr>
<tr>
<td>Constantly reassess the patient for signs of hypoxia and developing tension pneumothorax</td>
<td>1</td>
</tr>
<tr>
<td>Clamp the Chest tube if blood return is greater than 1000ml</td>
<td>1</td>
</tr>
<tr>
<td>Properly position the patient (on unaffected side)</td>
<td>1</td>
</tr>
</tbody>
</table>

**Time end:__________**

**TOTAL** 7

### Critical Criteria:
- [ ] Contaminates equipment or site without appropriately correcting situation
- [ ] Performs or orders any harmful or dangerous actions or interventions

### Time Start:__________

**Please document below your rationale for checking any of the above critical criteria:**
<table>
<thead>
<tr>
<th>Strip #</th>
<th>Treatment</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
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<tr>
<td>2</td>
<td></td>
<td>2</td>
</tr>
</tbody>
</table>

**Total**: 12

**Note**: No points for treatment maybe awarded if the diagnosis is incorrect. Only document incorrect responses in spaces provided.