

**MONITORING EXISTING MEDICATIONS****Description**

The Wyoming Scope of Practice document (updated March 2, 2017) includes "Monitoring other existing medications" to within the EMT-Intermediate scope of practice. Best practice shall be to have 2 IV's: 1) dedicated to the medication drip 2) a NS or LR gravity fed line. The transfer orders should include the dose and drips rates, to confirm correct administration during transport. EMT-Intermediates and Paramedics have received training from IMH personnel on the use and basic troubleshooting procedures of medication pumps. The LFD Medical Director has authorized the monitoring of heparin and antibiotic drips for EMT-Intermediates (11/2017).

**Indications**Heparin Sodium drip

- Pulmonary Embolism, MI, Acute Coronary Syndrome, Deep Vein Thrombosis, Stroke, TIA
- Classification: Anticoagulant
- 1/2 Life - approximately 30-60 minutes

Antibiotic drip

- Sepsis, bacterial infections
- Classification: See table below
- 1/2 Life – varies (anywhere from minutes to days)

**Administration**Heparin Sodium drip

- Unfractionated Heparin 25,000 units in 500ml of D5W (common concentration=50 units/ml)
- Bolus dose should be given at the hospital prior to transfer (situation dependent)
- Usually dosed at 12 units/kg/hr. Max dose is 1,000 units/hour.

Antibiotic drip

- There are many classifications of antibiotics (listed below)
- An information sheet (for the specific antibiotic) can be printed by ED staff upon EMT request.

**Classifications of Common Antibiotics**

Aminoglycosides	i.e. Gentamycin
Glycopeptides	Vancomycin
Penicillins	Penicillin, Amoxicillin
Carbapenems	Imipenem, Meropenem
Cephalosporins	Cephalexin, Cefazolin, Ceftriaxone
Fluoroquinolones	Levofloxacin, Ciprofloxacin
Oxazolidinones	Linezolid
Lincosamides	Clindamycin
Macrolides	Azithromycin, Clarithromycin

**MONITORING EXISTING MEDICATIONS (*continued...*)**

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**Special Notes**Heparin Sodium drip

- Risks and Complications:
  - 1) Visible bleeding from nose, gums, wounds, GI bleeding, or bleeding around IV site
  - 2) Intracranial bleeding – neurological changes, stroke like symptoms, etc.
  - 3) Hemorrhage/Hypovolemia – tachycardia, hypotension, decreased LOC
  - 4) If any of the above complications are observed:
    - a. Stop Heparin immediately
    - b. Disconnect Heparin IV tubing from IV site
    - c. Call medical control

Antibiotic drip

- Risks and Complications:
  - 1) Shortness of breath, wheezing, nausea, vomiting, dizziness, tachycardia, swelling of face, lips or tongue, rash and shock.
  - 2) If the patient develops any of the side effects listed above:
    - a. Disconnect IV medication line from the IV site and call medical control
    - b. Administer IV Benadryl per protocol.

Plum-Pump Trouble Shooting

- Occlusion – The pump will start beeping and say Proximal Air/Occlusion or Distal Occlusion
  - 1) Proximal (above the pump) – Commonly caused by a kink in the line or clamp is closed
    - a. Check for any kinks in line and try to straighten it out
    - b. Check to make sure the clamp is not pressing on the line at all
  - 2) Distal (below the pump) – Commonly caused by a kink in the line, patient bending their arm at the site of the IV, or the clamp in the IV insertion set is closed
    - a. Check for any kinks in line and try to straighten it out
    - b. Ask the patient to straighten their arm, wrist, etc.
    - c. Check to see if any clamps are closed and if they are open them
  - 3) Once the problem has been fixed press START on the Plum Pump and it will start infusing at its previously set rate.
  - 4) Never remove the cassette or flush the infusing line without disconnecting the patient from the pump completely (doing so puts the patient at risk for a rapid uncontrolled infusion of medication).