



INLAND COUNTIES EMERGENCY MEDICAL AGENCY POLICY AND PROTOCOL MANUAL

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Page 1 of 2

TRANSPORT OF PATIENTS (BLS)

I. PURPOSE

In the prehospital setting or during interfacility transport, a certified Emergency Medical Technician (EMT) working in the ICEMA region or supervised EMT student may monitor peripheral lines delivering intravenous fluids, Foley catheters, salinelocks, nasogastric tubes, gastrostomy tubes, perform finger stick blood glucose testing, and administer naloxone for suspected narcotic overdose, under the California Code of Regulations, Title 22, Section 100063(b).

II. FIELD ASSESSMENT/TREATMENT INDICATORS

- An EMT may monitor, maintain and adjust as necessary in order to maintain a preset rate of flow and turn off peripheral lines delivering glucose solutions or isotonic solutions including Ringers Lactate for volume replacement provided the following restrictions are met:
 - Interfacility transfers: The patient is not critical and deemed stable by the transferring physician and that physician authorizes transport.
 - Scene transport: The patient is not critical and the base hospital physician approves transport by an EMT.
 - No additional medications have been added to the intravenous fluids.
 - In the prehospital setting, no other advanced life support procedures have been initiated.
- The EMT shall:
 - Monitor and maintain the IV at a preset rate.
 - Check the tubing for kinks and reposition the arm if necessary when loss of flow occurs.
 - Control the bleeding at the IV site.
 - Turn off the flow of intravenous fluid if infiltration or alteration of flow occurs. Vital signs should then be monitored frequently.
- An EMT may transport a patient with a saline lock provided:
 - The patient is not critical and deemed stable by the transferring physician or base hospital physician and the transferring physician approves transport by an EMT.
 - The EMT shall:
 - Monitor the saline lock only as placed at time of transfer.
 - Control any bleeding at insertion site.

- An EMT may transport a patient with a Foley catheter provided:
 - The patient is noncritical and deemed stable by the transferring physician or base hospital physician and the transferring physician approves transport by an EMT.
 - The catheter is able to drain freely to gravity.
 - No action is taken to impede flow or disrupt contents of drainage collection bag.
- An EMT may transport a patient with a nasogastric tube or gastrostomy tube provided:
 - The patient is not critical and deemed stable by the transferring physician or base hospital physician and the physician approves transport by an EMT.
 - Nasogastric and gastrostomy tubes are clamped.
 - All patients who have received fluids prior to transport must be transported in semi-fowlers position to prevent aspiration, unless contraindicated.
- An EMT may perform finger stick blood glucose testing if patient meets field assessment/treatment indicators, as outlined in ICEMA Reference #14060 - Altered Level of Consciousness/Seizures - Adult, ICEMA Reference #14150 - Cardiac Arrest - Pediatric, ICEMA Reference #14160 - Altered Level of Consciousness/Seizures - Pediatric and ICEMA Reference #14170 - Seizure - Pediatric.
- An EMT may administer Naloxone by intranasal and/or intramuscular routes for suspected narcotic overdose, as outlined in ICEMA Reference #14060 - Altered Level of Consciousness/Seizures - Adult, ICEMA Reference #14150 - Cardiac Arrest - Pediatric and ICEMA Reference #14160 - Altered Level of Consciousness/Seizures - Pediatric.
- If at any time the patient's condition deteriorates, the patient should be transported to the closest receiving hospital.

III. REFERENCES

<u>Name</u>	<u>Number</u>
14060	Altered Level of Consciousness/Seizures - Adult
14150	Cardiac Arrest - Pediatric
14160	Altered Level of Consciousness/Seizures - Pediatric
14170	Seizure - Pediatric