**KISHWAUKEE HOSPITAL EMERGENCY MEDICAL SERVICES**

**STANDING MEDICAL ORDERS**

**EMT – PARAMEDIC**

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**SMO: Tier 1 Specialty Care Transport Addendum to Critical Care Transport Policy**

**Overview:** Kishwaukee EMS recognizes the need for Expanded Scope/Specialty Care Transport (Tier 1) to meet the demands of our patients who do not require critical care transport. This addendum to the system plan, the associated Standing Medical Orders, Standard Operating Procedures and Specialty Care Formulary outline what a Tier 1 is and what medications are allowed to be transported. This policy is for use in transfers where the medications have been initiated by the sending facilities and are not being titrated.

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**Tier 1 Provider:** A licensed Paramedic that has completed specialized traning and demonstrated proficiency in expanded scope care.

**Tier 1 Expanded Medication List:**

1. Amiodarone
2. Antibiotics (\*)
3. Blood Products
4. Cardene
5. Clevidipine
6. Demerol PCA (\*)
7. Dilantin (\*)
8. Dilaudid PCA (\*)
9. Diltiazem (\*)
10. Dobutamine (\*)
11. Glycoprotein IIb/IIIa Inhibitors {Aggrastat, Reopro, etc} (\*)
12. Heparin (\*)
13. Insulin {If not titrating} (\*)
14. Magnesium (\*)
15. Milrinone
16. Mucomyst
17. Nitroglycerine {If not STEMI, if STEMI CCT should transport} (\*)
18. Potassium (\*)
19. Protonix
20. Sandostatin
21. Sodium Bicarbonate (\*)

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**SMO: Tier 1 Specialty Care Transport Addendum to Critical Care Transport Policy (continued)**

1. TPN/Lipids (\*)
2. Multi Vitamin {Banana Bag} (\*)

(\*) Denotes medications grandfathered in from 2005 policy. The remaining were approved in August 2016.

Fibrinolytics were on previous policy, but excluded in the update. All fibrinolytics should be transported by CCT due to underlying pathology. Blood pressure management, bleeding risk, and possible need for advanced airway management need to be considered with these medications.

**Documentation of adherence to protocol:**

 \_\_Clearly document the medication used and the reason the patient is being transported.

 \_\_Condition of the patient including vital signs.

 \_\_Document the rate of each infusion.

 \_\_Document the IV pump settings and that these settings were verified with the sending RN.

 \_\_Any adverse events during transfer.

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| **Medical Control Contact Criteria**  |
| \_\_Contact Medical Control if any questions arise regarding the transport of expanded scope medications.  |