



EXISTING DEVICES AND MEDICATIONS

Date: 7/1/2025

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BLS

- If patient or accompanying person able to manage existing device, proceed with transport
- Bring back-up equipment/batteries as appropriate

**Established electrolyte and/or glucose-containing peripheral IV lines**

- Maintain at preset rates

**Established IV pumps or other existing devices**

- Contact BH for direction, if person responsible for operating IV pump or device is unable to accompany patient and manage IV during transport

**BH may only direct BLS personnel to leave device as found or turn the device off, then transport patient or wait for ALS arrival**

**Transdermal medication**

- Remove patches PRN (e.g., unstable, CPR status)

**Transports to another facility or home**

- No waiting period is required after medication administration
- IV solutions with added medications or other ALS treatment/monitoring modalities require ALS personnel (or RN/MD) in attendance during transport
- Cap end of catheter with device that occludes end if there is a central line

ALS

**Criteria for use of existing peripheral vascular access with external port**

- For immediate life threat **only**
  - EJ/IO access preferred over accessing percutaneous dialysis catheter (e.g., Vascath) or shunt/graft
  - Monitor and administer via existing dialysis catheter (aspirate 5 mL **prior** to infusion\*)
- OR**
- Access graft/AV fistula

**Assist with administration of physician-prescribed self-administered emergency medication<sup>Ⓢ</sup> [e.g., hydrocortisone (Solu-Cortef®) for Congenital Adrenal Hyperplasia]**

- Paramedics may assist patient/surrogate with the administration of emergency medications prescribed for self-administration BHO

**Intubated patients with agitation and potential for airway compromise**

- Midazolam 2-5 mg IM/IN/IV/IO, MR x1 in 5-10 min

**Note:** Existing devices and medications include physician-prescribed medications

\* Dialysis catheter contains concentrated dose of heparin, which must be aspirated **prior** to infusion

<sup>Ⓢ</sup> Per Title 22, Division 9, Chapter 3.1, § 100066.02, EMS clinicians may “assist patients with the administration of physician-prescribed ... self-administered emergency medications...”