



EXISTING DEVICES AND MEDICATIONS

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BLS

ALS

- 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

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[Ⓞ] [e.g., hydrocortisone (Solu-Cortef[®]) for adrenal insufficiency]

- 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

[Ⓞ] 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...”