BLS

Proceed with transport when person responsible for operating the device (the individual or another person) is able to continue to provide this function during transport. Bring back up equipment/batteries as appropriate.

**Previously established electrolyte and/or glucose containing peripheral IV lines:**
- Maintain at preset rates
- Turn off when indicated

**Previously applied dermal medication delivery systems:**
- Remove chest transdermal medication patches when indicated (CPR, shock) SO

**Previously established IV medication delivery systems and/or other preexisting treatment modalities with preset rates:**
If the person responsible for operating the device is unable to continue to provide this function during transport, contact the BH for direction.

BH may ONLY direct BLS personnel to:
1. Leave device as found OR turn the device off; THEN,
2. Transport patient OR wait for ALS arrival.

**Transports to another facility or to home:**
- No wait period is required after medication administration.
- If there is a central line, the tip of which lies in the central circulation, the catheter MUST be capped with a device which occludes the end.
- IV solutions with added medications OR other ALS treatment/monitoring modalities require ALS personnel (or RN/MD) in attendance during transport.

Note: Consider early Base Hospital contact.

ALS

**Maintain previously established electrolyte and/or glucose containing IV solutions:**
- Adjust rate or d/c BHO

**Maintain previously applied topical medication delivery systems:**
- Remove dermal medications when indicated (CPR, shock) SO

**Pre-existing external vascular access (considered to be IV TKO):**
- To be used for definitive therapy ONLY

**Maintain previously established and labeled IV medication delivery systems with preset rates and/or other preexisting treatment modalities:**
- d/c BHO

**If no medication label or clear identification of infusing substance:**
- d/c BHO