

APPROVAL:

[Handwritten Signature]

BASE HOSPITAL MEDICAL DIRECTOR

DATE

[Handwritten Signature]

RESPONSIBLE ADMINISTRATOR

5/6/08

DATE

Policy Number: EMS.19

Effective Date: 10/2007

Review Date: 12/2007

Revision Date: 1/2008

See Also Policy Number: _____

SUBJECT: INTRAVENOUS ACCESS BY EMT-BASIC

POLICY:

Intravenous access may be obtained when a prehospital assessment indicates a particular treatment policy/procedure/protocol that directs for the establishment of intravenous access by an Emergency Medical Technician-Basic.

PURPOSE:

To provide guidelines related to indications for an EMT-Basic to initiate a peripheral IV when there is no ALS available, there is an extended ALS ETA, or a MCI is in effect.

To provide guidelines related to on-going competency of IV access and therapy, and continuous skills maintenance and proficiency to an EMT-Basic.

APPLICABLE TO:

Emergency Medical Technicians-Basic personnel based at UPHK
Prehospital Coordinator
Base Hospital Medical Director

IMPLEMENTATION PLAN:

The hospital is committed to the appropriate in-service education of all those affected by a new policy so that implementation will occur in a consistent and informed manner. The administrator (or designee) in charge of the relevant department will be responsible for the in-service education of those employees affected by the policy. There will be an employee sign-in sheet or other similar documentation to establish the employees who have received education on the policy. The appropriate administrator (or designee) will maintain such documentation.

PROCEDURE:

- 1.0 Indications for Intravenous Therapy
 - 1.1 Successful completion of EMT-Basic IV access course provided by the Base Hospital.
 - 1.2 Patients age 16 or older with:
 - 1.2.1 Signs and symptoms of dehydration, hyperthermia, heat exhaustion, or heat stroke following on-line medical direction approval.
 - 1.2.2 Trauma and medical condition where the patient might benefit from intravenous therapy, following on-line medical direction approval.
 - 1.3 Multi-casualty incident when working with a certified ALS provider.
- 2.0 Communications and Transportation
 - 2.1 On-line medical direction must provide orders for initiation of IV therapy (exception: MCI's)
 - 2.2 ALS rendezvous and transfer of care is usually optimal and generally should be initiated as soon as possible.
- 3.0 Quality Monitoring
 - 3.1 Quality monitoring parameters will be identified by the Base Hospital and reviewed/reported by the Agency.
 - 3.2 Use of a QA form related to EMT-Basic IV access for each encounter will be completed and attached to the Base Hospital copy of the Patient Care Report to be submitted monthly to the Base Hospital.
 - 3.3 The Agency and Base Hospital will evaluate the need for recurrent training.
 - 3.4 A minimum of twelve (12) successful insertions must be performed and documented every year (3 per quarter). If this requirement is not met in the field clinical time in the Base Hospital Emergency Department will be utilized to fulfill the requirement.
 - 3.5 Skill authorization will be withdrawn for noncompliance with reporting, quality monitoring, continuing education or skill maintenance requirements.