

INTERFACILITY TRANSPORT

INDICATION:

Monitoring of thoracostomy (chest) tubes, blood administration, and neuromuscular blocking agents (NMBA) during transport may be necessary for the emergent patient. The following is a guideline for the paramedic to follow:

MONITORING THORACOSTOMY (CHEST) TUBES DURING TRANSPORT:

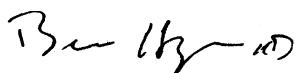
ACTION/TREATMENT:

- ABCs/monitor cardiac rhythm.
- High flow oxygen.
- Head elevated at 45° angle.
- Assure all connections are securely taped to prevent disconnection.
- Hang the collection chamber on the side of the gurney (do not tip over).
- Keep the collection chamber below the level of the chest.
- Avoid dependent loops of fluid filled tubing.
- If chest tube is pulled out, place occlusive dressing over insertion site.
- If air leaks, check connections.
- If chest tube partially pulled out:
 - Do not push tube back into chest.
 - Secure the site.
- If patients become dyspneic:
 - Assess breath sounds.
 - Contact Base (needle thoracostomy may need to be done).
- Notify receiving center if any complications occur during transport.
- Document:
 1. Any difficulties or complications during transport.
 2. Patient's response.

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Unboxed text indicates standing order

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INTERFACILITY TRANSPORT

MONITORING BLOOD TRANSFUSIONS DURING TRANSPORT:

ACTION/TREATMENT:

- ABCs/monitor cardiac rhythm.
- Blood is to be hung by the transferring facility, not the transporting paramedics.
- Identify the patient and blood by checking the patient ID band against the blood label and blood order for name, blood type and unit identifying number.
- If transfusion infusing without signs of reaction, infuse at rate ordered by MD.
- Monitor the patient for any signs and symptoms of a transfusion reaction. Monitor temperature for adverse effects if transport time exceeds 15 minutes. The following are the most common types of transfusion reactions that may occur.

Hemolytic reactions: Hemolytic reactions are the most life-threatening. Clinical manifestations may vary considerably: fever, headache, chest or back pain, pain at infusion site, hypotension, nausea, generalized bleeding or oozing from surgical site, shock. The most common cause is from ABO incompatibility due to a clerical error or transfusion to the wrong patient. Chances of survival are dose dependent therefore it is important to stop the transfusion immediately if a hemolytic reaction is suspected. Give fluid challenge of NS. Consult shock guideline (M-45).

Febrile non-hemolytic reaction: Chills and fever (rise from baseline temperature of 1°C or 1.8°F). Document and report to hospital on arrival.

Allergic reaction: Characterized by appearance of hives and itching (urticaria or diffuse rash) (M-15).

Anaphylaxis: May occur after administration of only a few cc's of a plasma containing component. Symptoms include coughing, bronchospasm, respiratory distress, vascular instability, nausea, abdominal cramps, vomiting, diarrhea, shock, and loss of consciousness. See anaphylaxis protocol (M-15).

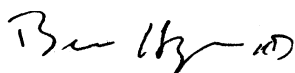
Volume overload: Characterized by dyspnea, headache, peripheral edema, coughing, frothy sputum or other signs of congestive heart failure occurring during or soon after transfusion. Restrict fluid.

- If a transfusion reaction occurs:
 - Stop the transfusion immediately.
 - Contact Base.
 - Consult appropriate treatment guideline.
 - Document any transfusion reactions.
 - Report to hospital on arrival.

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INTERFACILITY TRANSPORT

MONITORING THE PATIENT WITH NEUROMUSCULAR BLOCKAGE (NMBA)

ACTION/TREATMENT:

- ABCs/monitor cardiac rhythm.
- Assess and document ventilation and tube placement prior to leaving facility.
- Constant observation and frequent re-assessment of airway.
- **Assure constant ventilation.**
- If endotracheal tube becomes dislodged, oxygenate and re-intubate.
- Monitor vital signs.
- Avoid injury, i.e., correctly position patient and make sure patient has had eye ointment applied.
- Question the physician prior to transport:
 - Will the neuromuscular blocking agent wear off before hospital arrival?
 - Is the patient sedated and pain free?
 - Obtain pertinent copies of the medical records.
 - Document any complications.

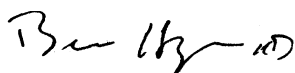
NOTES:

- If the patient is on any other “drip”, contact the Base for further direction.
- See also OCEMS Policy/Procedure 670.10, Interhospital Emergency Patient Transfer Guidelines.

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