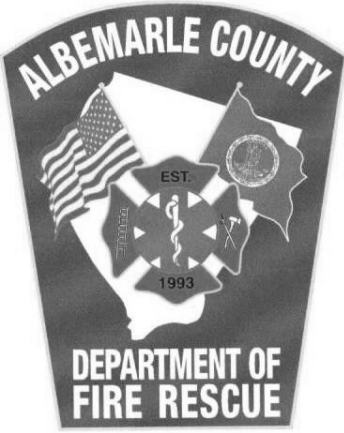
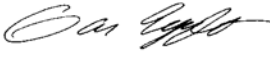


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|  | COUNTY OF ALBEMARLE Department of Fire Rescue STANDARD ADMINISTRATIVE POLICY | |
| | Subject: | IV/Medication Kits |
| | Reference Number: | SAP-OPS-012 |
| | Effective Date: | February 9, 2005 |
| | Last Revision Date: | N/A |
| | Signature of Approval: |  J. Dan Eggleston, Chief |

Purpose:

The purpose of this policy is to establish a policy for use of the IV/medication kits provided to Albemarle County Department of Fire Rescue personnel.

Scope:

This policy applies to all department career personnel and other ALS providers released within the Thomas Jefferson E.M.S. Council region.

Background:

The Department of Fire Rescue is providing mini IV/medication kits to EMS providers in Albemarle County. These kits are being provided to decrease the turn around time at hospital Emergency Departments by decreasing the need for pharmacy drug box exchange.

Definitions:

Department of Fire Rescue IV/medication kit – A mini-pack that contains the following items for the establishment of IV access and the administration of commonly used medications.

| <u>Quantity</u> | <u>Item</u> |
|-----------------|---|
| 1 | PROPAK IV CASE |
| 1 | 14 gauge IV catheters |
| 1 | 16 gauge IV catheters |
| 2 | 18 gauge IV catheters |
| 2 | 20 gauge IV catheters |
| 1 | 22 gauge IV catheter |
| 1 | 24 gauge IV catheter |
| 1 | 500ml bag 0.9% Normal Saline |
| 1 | 10ml Normal Saline syringe |
| 1 | 15gtt 84" IV administration set |
| 1 | Extension set |
| 1 | IV site dressing (Tegaderm) |
| 2 | Latex free tourniquets |
| 1 | Roll 1" transpore tape |
| 4 | Alcohol preps |
| 1 | 4x4 gauze pad |
| 1 | 2x2 gauze pad |
| 1 | Small med pack |
| 1 | Bottle nitrostat 0.4mg tablets |
| 1 | Pack nitroglycerine 2% ointment |
| 2 | 81mg aspirin packets |
| 3 | Albuterol sulfate 3ml inhalation solution |
| 1 | Atrovent inhalation solution |
| 1 | Medication nebulizer |
| 1 | Plastic lock tag |

Policy:

1. Guidelines for Use

- a. The kits are available for use by ACFR personnel and other ALS personnel released as Thomas Jefferson EMS Council providers.
- b. The kits are to be used to establish IV access and administer medications per Thomas Jefferson EMS Council Patient Care Guidelines.
- c. Additional IV fluids and medications not carried in the ACFR IV/medication kits will be obtained from the standard pharmacy-issued drug box.
- d. The ALS provider shall not withhold any patient treatment because the necessary medication is not carried in the ACFR issued IV/medication kit. When the patient's condition requires medication carried in the pharmacy issued drug box, open the drug box.

2. Documentation

- a. Per Virginia EMS Regulations, a physician's signature shall be included on any pre-hospital patient care report (PPCR) for an incident when a medication is administered, or self-administration is assisted (excluding oxygen), and/or an invasive procedure is performed (IV access, intubation).
- b. If an ACFR EMS provider transports a patient to the hospital and a medication is administered, or self-administration is assisted (excluding oxygen) and/or an invasive procedure is performed, then the receiving ED Physician shall sign the PPCR.
- c. If a pharmacy drug box exchange is required, then the golden rod copy of the PPCR shall be left at the pharmacy with the used drug box.
- d. If only IV supplies or medications out of the ACFR IV/Medication kit are utilized for care of the patient, then the golden rod copy of the PPCR shall be left with the UVA ED registration clerk to be forwarded to TJEMS. If the patient is transported to Martha Jefferson ED, the golden rod copy of the PPCR shall remain attached to the white copy of the PPCR and placed in the PPCR lock box at the station.
- e. If an ACFR EMS provider does not transport the patient to the hospital, but administers a medication, assist with self-administration of a medication (excluding oxygen) and/or an invasive procedure is performed, then the ACFR Operational Medical Director (OMD) shall sign the PPCR within 7-days. When this occurs, the golden rod copy of the PPCR shall be left attached to the white copy of the PPCR and placed in the PPCR lock-box at the station.
- f. ACFR pre-hospital patient care reports will be picked up from the stations weekly. When a PPCR requires the signature of the ACFR OMD, then the EMS Supervisor shall be notified via e-mail. This will assure that the PPCR is picked up and signed within the 7-day time frame.

3. Guidelines for Issuing/Exchanging ACFR IV/Medication Kits

- a. Each ACFR Fire Rescue station will be issued two kits.
- b. Each ACFR IV/medication kit will be numbered. The kit number and the station where the kit is issued will be recorded in a logbook kept at Station 11.
- c. **ACFR IV/Medication kits shall be kept in a locked cabinet on ambulances, first response vehicles, and fire apparatus. When not in use on the apparatus, ACFR IV/medication kits shall be kept in a locked cabinet in the station.**
- d. When an ACFR IV/medication kit is used, the kit shall be exchanged as soon as practical for a new, sealed kit. Pre-packed, sealed kits will be kept at Station 11. The on-duty company Captain will arrange for exchange with the on-duty Captain at Station 11.
- e. If the on-duty company Captain needs assistance in exchanging ACFR IV/medication kits, the EMS Supervisor will be contacted to arrange the exchange.

4. Restocking of IV/Medication kits
 - a. ACFR IV/medication kits will be restocked and resealed by on-duty personnel at Station 11.
 - b. Medications and kits shall be kept in a locked room or cabinet at Station 11.
 - c. Supplies for the kits shall be ordered by the Captain responsible for purchasing EMS supplies.
5. Program QA/QI

Each time an ACFR IV/Medication kit is used, the Company Captain or ALS Technician will e-mail the EMS Supervisor and include in the e-mail: the items used from the kit and the ALS technicians assessment of the patient's condition. This is necessary to obtain information for program QA/QI purposes. This will be effective for the first three months of the program.