8.6 Continuity of Care

- EMS providers responding to a 911 emergency may encounter patients with pre-existing medical devices (e.g., ventilator) or pre-established medication infusions (e.g., antibiotics) that are outside of NH EMS Protocols and beyond the EMS provider’s scope of practice. The medical emergency may be unrelated to the pre-existing medical care (e.g., chest pain in a patient receiving an infusion) or may relate to the pre-existing care (e.g., problems with a ventilator supporting a patient’s breathing).

- Pre-existing medical care may include ventilators, CPAP, BiPAP, ventricular assist devices (VADs), continuous or intermittent IV medication infusions (analgesics, antibiotics, chemotherapeutic agents, vasopressors, cardiac drugs), and nontraditional out-of-hospital drug infusion routes (subcutaneous infusaports, central venous access lines, direct subcutaneous infusions, self-contained implanted pumps). The type of pre-existing care potentially encountered by EMS providers is extensive.

- The device or medication administration may be supported or maintained by the patient or the patient’s caregiver.

**EMT/ADVANCED EMT STANDING ORDERS – ADULT & PEDIATRIC**

- Routine Patient Care
- Consider early consultation with on-line medical control
- If the device or infusion is functioning properly and is maintained by an alert/oriented patient (or caregiver), transport the patient with the device or infusion in place and operating normally.
- If the device or infusion is not functioning properly or may be the cause of the medical emergency, the provider should utilize all appropriate and available resources:
  - The patient/family/caregivers
  - Specialty resources available via telephone (e.g., LVAD Coordinator, hospice nurse or physician), computer, smartphone or telemedicine device or application.
  - Product literature for the device or infusion (paper or digital)

EMTs should not continue the administration of a newly initiated, i.e., not pre-existing medication that is outside their scope of practice.

- Consider requesting that any healthcare providers or other trained personnel on scene who are involved in the patient’s pre-existing care (e.g., nurse or physician) accompany the patient and the ambulance during transport to support the device or infusion.
- Request paramedic intercept for any medication outside the EMT or AEMT formulary.

**PARAMEDIC STANDING ORDERS – ADULT & PEDIATRIC**

- Any treatment initiated recently or acutely by other healthcare providers (e.g., urgent care) may be continued. Collaboration between sending providers, EMS, and medical control may be necessary.

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EMS providers are not required to continue treatments which they believe are harmful to the patient or caregivers, (e.g. chemotherapy agents). If an EMS provider is not comfortable with a pre-existing treatment they should seek additional resources or discontinue treatment.