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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 infusions, 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

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- 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.



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.