POLICY: 590.00
TITLE: Antibiotics for Interfacility Transfer

EFFECTIVE: 10/1/2026
REVIEW: 09/30/2028
SUPERCEDES:

APPROVAL SIGNATURES ON FILE IN EMS OFFICE

Antibiotics for Interfacility Transfer

I. AUTHORITY

California Health and Safety Code 1797.172(b), 1797.220, and 1798 California Code of Regulations, Title 22, 100091.02(2)(a)

II. DEFINITIONS

A. **Antibiotic** means antibacterial medications that are given to patients with known or suspected bacterial infections.

B. **Approved Training** means indications, contraindications, actions, adverse effects, appropriate documentation with both written and skills testing required demonstrating basic competency in administration of medication.

Local Optional Scope of Practice (LOSOP) means the ability to perform or monitor procedure(s) or administer medication(s) that are not in standard California scope of practice, are determined to be appropriate for paramedic use by the medical director of the LEMSA, andhave been approved by California EMSA.

III. PURPOSE

To establish indications, guidelines, and the standard procedures for continuing antibiotic medication infusions during interfacility transfer.

IV. POLICY

A. Only those paramedics who have successfully completed the approved training by the Mountain Counties EMS Agency Medical Director will be permitted to provide the service of monitoring the LOSOP medications.

B. Paramedic may **NOT** initiate Antibiotic LOSOP medication infusions. Patients who are candidates for paramedic transport will have pre-existing medication infusions in a peripheral IV line initiated a minimum of 10 minutes prior to transport by the transferring facility.

C. Antibiotics may be continued under the following indications:

1. Known or suspected infections requiring treatment with antibiotics.
2. IV antibiotics were begun by facility personnel prior to transfer of care.

Paramedic shall receive the transferring orders from the transferring physician prior to leaving the sending hospital. The base hospital physician shall be aware of the transfer and be available by phone or radio during transport. Transferring physicians must be aware of the general scope of practice of paramedics.

D. Paramedics are permitted to monitor and adjust infusions as indicated by transferring base hospital physician. Written orders **MUST INCLUDE** the infusion rate on transfer paperwork.

E. All patients will be maintained and monitored via cardiac monitor and non-invasive blood pressure monitor.

1. Vital signs will be monitored and documented every five (5) to fifteen (15) minutes as specified by transferring physician order and immediately if there is any change in patient status.

F. Discontinue and notify base physician if allergic reaction or anaphylaxis occur. Treat allergic reaction/anaphylaxis per Treatment Guidelines (Adult 554.43/Pediatric 555.42.)

G. Document the following in the patient care record:

1. Signs and symptoms indicating need for medication.
2. Base station contact.
3. Suspected complications or side effects from treatment.
4. Response to treatment.
5. The medication (antibiotic) needs to be documented in the medication section and the narrative sections.

V. PROCEDURE

A. Regulation of the infusion rate will be within the parameters defined by the transferring physician.

1. Infusions must be run through an IV pump or volutrol.
2. The patient needs to have two (2) functional IV sites prior to the IFT.
3. The '5 Rights' of medication administration will be verified by nurse and paramedic prior to transport.
4. Verify infusion rate and time remaining with transferring nurse and paramedic prior to transport.
5. No other product may be infused in the same IV during administration.
6. After infusion is completed, flush the line with NS or LR.
7. Discontinue and notify base physician if allergic reaction or anaphylaxis occur. Treat allergic reaction/anaphylaxis per Treatment Guidelines.
8. If infusion finishes normally during transport, save infusion bag and revert to TKO or previously ordered fluid infusion rate.
9. If medication administration is interrupted (infiltration, accidental disconnection, malfunctioning pump, etc.), the paramedic may restart the line and continue antibiotics as delineated in the transfer orders.
10. Paramedic should use judgment prior to transfer regarding the complexity of the patient and may decline transport if the patient is deemed unstable for transport.

VI. CONTINOUS QUALITY IMPROVEMENT

A. All calls will be audited by the provider agency QI process. Audits will assess compliance with MCEMSA policies, including base hospital contact in emergency situations. Reports will be sent to MCEMSA on a Quarterly basis.