IV Ancillary Supply Exchange

Vehicle Stock

A. Each approved ALS/LALS unit will be initially provided with IV supplies listed on the Southeast Michigan Regional Protocol IV Ancillary Supply Exchange Form (Attached). The IV supplies listed on the IV Ancillary Supply Exchange Form will be made available in the Emergency Department or Pharmacy for all Southeast Michigan Regional Protocol participating EMS Agencies.

B. Each ALS/LALS Agency and Advanced Life Support Agency will be responsible for providing any additional equipment required by the Michigan Department of Health and Human Services (MDHHS).

C. All IV solutions, needles, syringes, and supplies will be stored in a securely locked, temperature-controlled location on each approved ALS/LALS unit at all times except when in use.

D. IV supplies/fluids are to be inspected daily by the crew of the unit for evidence of loss, theft, discrepancy, and expiration date. It is recommended that this inspection be included in a standard documented vehicle checklist.

Use / Replacement / Exchange

A. IV supplies will only be used by a Paramedic or Specialist when presented with a patient requiring Advanced Life Support or Limited Advanced Life Support care and/or IV therapy and then only when acting on written or transmitted orders from a physician at an appropriate on-line medical control facility or pre-contact provisions of approved treatment protocols.

B. All hospitals participating in the regional EMS medication exchange system will stock and exchange IV supplies, as listed on the Southeast Michigan Regional Protocol IV Ancillary Supply Exchange Form used by approved ALS/LALS providers. IV supplies will be available within the hospital pharmacy or emergency department of the participating hospital (24 hrs/day, 7 days/wk). Appropriate record keeping and security measures are required at each exchange site to ensure that only appropriately licensed and authorized personnel have access to IV solutions, and other related supplies.

C. IV supplies, used by approved EMS units for patients transported, will be replaced, at the time of the run, by the receiving hospital according to established procedure. If the receiving facility does not participate in the regional EMS medication exchange system and/or and medications / IV supplies are expended for the patient who is subsequently not transported, the unit will then proceed to the regional participating hospital which provided Medical Control for the run to complete replacement. An e-PCR will be submitted when completed.

D. Use of any IV fluids/supplies will be documented on the IV Ancillary supply Exchange Form for exchange and the EMS run report of the patient for whom the supplies were used. This includes any medications / IV solutions/supplies prepared for use but not actually administered to the patient, such as failed IV attempts, etc.).

E. All empty containers and packaging and used materials will be properly disposed of by the EMS crew that used the IV fluids/supplies. If there is blood or body fluid contamination to any unused materials or packaging, the EMS crew will clean and dispose of contaminated material per protocol.

F. The EMS crew will complete the Southeast Michigan Regional Protocol IV Ancillary Supply Exchange Form provided for any IV solutions/supplies used. The form shall serve as a permanent medical record of IV solutions administered.

G. The EMS crew is responsible for proper distribution of forms.

Expiration of Solutions
All IV solutions will have expiration dates not less than 90 days after dispensing.

Discrepancies
A. For purpose of this policy, a discrepancy is any breakage, expiration, shortage, theft, or diversion of IV fluids/supplies.

B. A standard “medication discrepancy/incident report” will be completed each time a discrepancy occurs. The form should be initiated by the person(s) who discovered the discrepancy and investigated to the fullest capacity by that person(s). EMS personnel or hospital staff may fill out this form and is responsible for distributing the forms as required.

C. Copies should be sent to the hospital pharmacy involved, (if applicable) and the Medical Control Authority that the discrepancy occurred.

D. A copy of the EMS run form, for which the discrepancy occurred, is to be attached to each copy of the discrepancy report where applicable.

E. If an ALS/LALS unit has less than the required stock of IV fluids/supplies and cannot document use of these supplies in connection with a patient, a discrepancy report must be completed. The completed discrepancy report, along with a completed IV Ancillary Supply Exchange Form indicating the EMS Provider Agency Name under "Patient Name" and clearly marked "Replacement for Missing Stock" will be presented to the agency's Medical Control Hospital Pharmacy for replacement. The ALS agency can be held accountable for replacement.

IV ANCILLARY SUPPLY EXCHANGE LIST

This list of IV supplies will be made available in the Emergency Department or Pharmacy for all Southeast Michigan Regional Protocol participating EMS Agencies. Only a one for one exchange will be given.

Needleless stock only!

IV ANCILLARY SUPPLIES
Lactated Ringers 1000 ml
NaCl 0.9% 1000 ml
NACl 0.9% 500 ml
Macrodrip tubing (10-20 gtt/ml) (with y site pre-pierced reseal) NOT PUMP TUBING
Extension Set (with y site pre-pierced reseal).
14g x 2” angiocath
16g x1 ½” angiocath
18g x 1 ¼” angiocath
20g x 1 ¼” angiocath
22g x 1” angiocath
24g x ¾” angiocath
18g x 1 ½” needle
21g x 1 ½” needle
Syringe 1cc w 25g x 5/8” needle
Syringe 3cc w 22g x 1 ½” needle
Syringe 5cc without needle
Syringe 10cc without needle
Saline Lock (Macrobore extension tubing 5” – 7”)
Saline Flush (Preservative free) Vial 20-30 ml or 10 ml pre-filled syringe

*Catheters should be the shielded type and may be passive or spring-loaded