

**West Michigan Regional Medical Control Consortium
PROCEDURES**

IV STARTS AT NURSING FACILITIES

Date: DRAFT

Section: 7.XX

Adopting MCAs will have an "X" under their MCA name. If no "X" is present, the MCA has not approved or adopted the protocol.

Allegan	Barry	Clare	Ionia	Isabella	Kent	Mason
Montcalm	Muskegon	N. Central	Newaygo	Oceana	Ottawa	

Purpose: To provide a predetermined process to allow licensed Life Support Agency's Paramedics and Advanced EMT/Specialists to respond to nursing-long term care (LTC) facilities within their designated MCA and provide IV start services when requested.

Procedure:

1. Nursing-Long term Care facilities are to contact Life Support Agencies who are licensed to provide coverage within their geographic location through non-emergent means.
2. Once the nursing-facility requests a non-emergent response for an IV start, the LSA will assign resources as available.
3. A LSA resource assigned for this type of service will be diverted if there is a 9-1-1 request is received and the unit is the closest most appropriate responding unit.
4. Upon arrival the EMS provider will be met by the nursing-facility's staff and be directed to the patient.
5. The facility will provide all equipment necessary to perform the venipuncture and IV-attachment-saline lock materials along with patient information sheets to be used for ePCR completion.
6. The EMS Provider will conduct a patient assessment to ensure that the patient presentation meets the reported status.
7. The EMS provider will follow the current **Vascular Access & IV Fluid Procedure** to perform the skill-establish a saline lock.
8. The EMS provider will conduct a **Medication Administration Cross Check (MACC)** prior to venipuncture.
9. Upon completion of the procedure the patient will be assessed to ensure that the patient's current condition is able to be managed by the facility's capabilities in coordination with the facility's staff.
10. If the facility and the responding EMS agency's staff are in agreement that patient is able to be managed at the current facility's after the IV start has been completed then a Patient Treated, released per protocol ePCR transport-refusal is to be completed.
 - a. If the only procedure that is completed during the patient contact is the IV start requested by the facility then contacting on-line medical control for authorization of the refusal-no transport is not required.
11. In the event that the patient's condition is determined to meet the criteria for transportation then the responding EMS staff will coordinate transportation to an appropriate facility.

Commented [LC1]: Is this needed here?

Commented [LC2]: Is this appropriate to have EMS determine if the patient can be cared for at the facility?

MCA Name:
MCA Board Approval Date:
MCA Implementation Date:

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Documentation:

1. Each participating life support agency will confirm an electronic patient care report (ePCR) is complete and contains all required data and narrative elements.

DRAFT

MCA Name:
MCA Board Approval Date:
MCA Implementation Date: