

12.13 INTRAVENOUS INFUSION OF MIDAZOLAM CCT PARAMEDICS

- These procedures/interventions shall only be performed by paramedics with CCT-P (Critical Care Transport-Paramedic) training and designation.
- Patients shall be placed on cardiac and pulse oximetry monitors for duration of transport.
- A non-invasive blood pressure monitor device that will record and print out routine blood pressure reading every fifteen (15) minutes will be utilized.
- Signed transfer orders from the transferring physician must be obtained prior to transport and must provide for maintaining the **Midazolam** infusion during transport.
- If medication administration is interrupted (infiltration, accidental disconnection, malfunctioning pump, etc.) the CCT-P may restart the IV line as delineated in the transfer orders. Caution must be used to prevent inadvertent overdose of medication.
- The following parameters shall apply to all patients with pre-existing **Midazolam** infusions:
 1. Regulation of the infusion rate will occur within the parameters as defined by the transferring physician, but may be titrated to the individuals response during transport.
- In cases of severe respiratory depression, partial airway obstruction (especially when combined with narcotics), hypertension, hypotension, and excessive sedation the medication infusion will be discontinued and notify the base physician.
- CCT-Ps may not initiate **Midazolam** infusions.
- Dosage reductions are recommended for patients in CHF, septic shock, renal and/or hepatic dysfunction, low serum albumin, pulmonary insufficiency, COPD, or elderly patients.
- Reduce dose by 30% in patients pre-medicated with narcotics and/or CNS depressants.