

Montgomery County Fire and Rescue Service Division of Operations Emergency Medical and Integrated Healthcare Services

Office of Medical Oversight Clinical Practice Guideline

Title:	IV Infusion Pump Number: 2024 – 04
Date:	July 19, 2024
Issued by:	Roger M. Stone MD, MS – MCFRS Medical Director
Purpose:	To provide direction that incorporates the IV infusion pump as a standard practice
Target Patient	This CPG replaces and rescinds CPG 2023 – 03
Population:	Any patient requiring medication or fluid by IV bolus or infusion
Guideline:	Background
Guideline:	 The medication formulary for MCFRS has become robust yet complex given recent advances in EMS medicine. The use of IV infusion pumps increases patient safety by delivering fluids and medications at the right dose and rate while providing an opportunity to add new medications to the formulary that require an infusion pump for administration. Procedure Boluses and or infusions of the following medications must be administered via infusion pump, except when an IV infusion pump, IV infusion pump tubing, or the necessary medication format is not available: Amiodarone infusion Calcium Chloride Calcium Gluconate Cyanokit Dextrose 10% Epinephrine infusion Lactated Ringer's (except at KVO rate in cardiac arrest) Magnesium Sulfate Nitroglycerin Norepinephrine Sodium Bicarbonate TXA When administering fluid or medication via the infusion pump, the correct route of administration must be documented in the medications tab of the patient care report using "Route: Intravenous Pump". Clinicians should obtain secondary IV/IO access when administering a medication via pump to provide a route for additional medications.
	Questions may be directed to any assigned EMS Duty Officer.