

C3IFT Changes Summary

- **C3IFG Committee Goals:**
 - Publish consistent and reliable standards.
 - At a minimum transports between hospitals should be at the same or higher level of care initiated in the referring hospital.
 - Maintain the continuity of care.
 - Improve the “Black hole of Time” when requesting IFT.
 - Level 5- Patients who can be managed at the level of a ward in a hospital. These patients are not required to be accompanied by any specialized personnel.
 - Level 4- Patients who are being transported for one organ involvement and need routine monitoring. Patient at a minimal risk of deterioration
 - Level 3- Patients who are being transported for > one organ involvement and in need of specialized monitoring of medication and are at moderate risk for deterioration.
 - Level 1-2- Patients who are being transported for multiple organ involvement and in need of critical monitoring of medications and are at high risk of deterioration.
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- **Protocol 3101 Volume Expanders**- expanded to allow any blood product and for C3 provider to take 2 bags of blood.
 - **Protocol 3110 Burns** was developed and allows for analgesic infusions.
 - **Protocol 3201 NTG Drip** changed to read Chest Pain. Written to treat for new onset chest pain, transport for chest pain or newly developed AMI on in IFT.
 - **Protocol 3202 HTN NTG Drip** changed to Vasodilator with guidelines to watch for to prevent deterioration of patient while on any vasodilator drips.
 - **Protocol 3203 Antiarrhythmic Drips** changed to enable transport of all antidysrhythmic medications.
 - **Protocol 3204 Vasopressor** expands from specific medications listed to enable all vasopressors to be transported_Included the levophed sepsis protocol to this.
 - **Protocols 3315 Anticoagulant, 3316 Anticoagulant, 3317 Fibrinolytic** were developed.
 - **Protocol 3301 Bronchodilators** was changed to remove specified medications and guides what to do on an IFT with either IV or inhaled bronchodilators.
 - **Protocol 3308 Obstetrics** was developed with maximum guidelines for Mag Sulfate, Fetal Heart Monitoring and Deep Tendon Reflex, and Calcium Gluconate.
 - **Protocol 3501 Antivenim** had specific medications on it that were removed. A reference was added to refer to Protocol 4501 Allergic Reaction. Sheep and horse products added.
 - **Protocol 3602 Antibiotics** was changed to reflect the ability to transport more than one antibiotic.
 - **Protocol 3602 Neurological** was completely changed to address and encompass neuro transfers that are more than ICP issues. The 2009 protocol specifically addressed Mannitol, Solumedrol. This protocol was expanded to support IFT's for Neuro beds.
 - **Protocol 3604 Diabetic** was changed to reflect limiting blood sugars below 250 mg/dl.
 - **Protocol 3605 Nausea/Vomiting** was removed as its contents are now in the scope of practice for EMT Basic.

- **Protocol 3607 PPI** was changed to remove all specified medications but still allow provider to transport PPI medications.
- **Protocol 3901 Analgesic** expands the ability to administer pain medications in general and transport analgesic medication infusions.
- **Protocol 3903 was Reversal Removed.**
- **Protocol 3903 is now Sedation.** This protocol was changed to allow for patients to be administered benzodiazepines for anxiety/agitation during IFT's. Protocol allows for transportation of sedation infusions.
- **Protocol 3904 Paralytics** was changed to encompass extending ability to transport medications in paralytic category.
- **Protocol 9204** was developed for assessment and procedures for IFTs.
- Exclusionary List: A list of medications whose diagnosis would be too unstable and or ill for transport by C3IFT provider was proposed to both C3 and CCT committees.
- The following are the Exclusive to CCT Provider for transport:
 - Enalapril Cerebryx Neosynephrin
 - Cardene Phenobarbital Vasopressin
 - Captopril Racemic Epi
 - Bumex Fosphenytoi
 - Nipride Dilantin
 - Natricor
- New Business: We need to work on:
 - Protocol 3604 Electrolyte
 - Protocol 3302 Simple Ventilator
 - Protocol 4104 Chest Trauma to include Chest Tube
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