BLS PRE-ESTABLISHED TREATMENT MONITORING

This protocol applies specifically to BLS providers who are transporting patients with pre-established treatment modalities to home or extended care facilities. **This protocol DOES NOT apply to interfacility transports.** BLS pre-established treatment monitoring is limited to Jackson-Pratt (JP) drain tubes, chest tubes, negative pressure wound therapy systems, and IV therapy.

A. Perform Initial Treatment/Universal Patient Care Protocol and follow the proper protocol for medical management based on clinical presentation.

B. Make sure the patient has been provided discharge information that details how to utilize the device when they are home.

C. Jackson Pratt (JP) drains

1. Jackson Pratt drains are most often used after surgery to remove drainage from the surgical site.

2. Jackson Pratt drains are often used before surgery to drain infected areas.

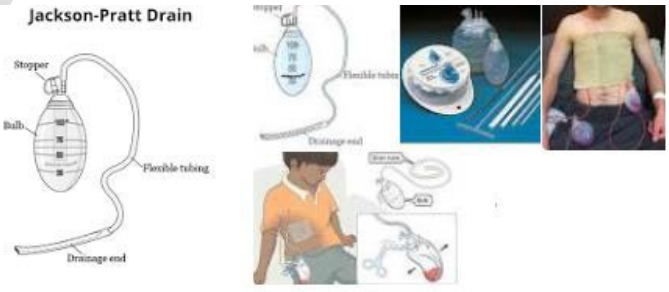
3. Jackson Pratt drains are round or grenade in shape and made of flexible plastic that is attached to a tube that remains in the patient.

4. BLS Monitoring:

   a. Note the length of exposed tubing outside the patient. Take caution not to manipulate the patient in a manner to pull on this device. The length noted initially should **NOT** change during transport.

   b. Monitor any patient complaint that is related to the area the JP drain is located. This should not change during the transport.

c. If new discomfort occurs, the normal discomfort increases, the tube becomes dislodged contact **Medical Command**.



Jackson-Pratt drain

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D. Chest Tubes

1. Chest tubes vary in diameter and are plastic tubes that have been inserted through the chest wall.

2. Chest tubes remove air, fluid, or pus from the intrathoracic space.

3. BLS Monitoring:

   a. Note the length of the exposed chest tube outside the patient. Take caution not to manipulate the patient in a manner to pull on this device. The length noted initially should **NOT** change during transport.

   b. The attached drainage tubing should never be placed above the insertion site at any time.

   c. Monitor the patient's breathing and note if it remains normal and any changes during the transport.

   d. If the patient's breathing becomes labored or the chest tube becomes dislodged contact **Medical Command** and transport the patient to the nearest emergency department. 

E. Negative Pressure Wound Therapy Systems

1. Identify the patient has a NPWT system in place

2. Examine the site for the following:

   a. The dressing should be sealed

   b. There should not be any foul odors

   c. Fluid should be clear or may a slightly red tinge

3. If active bleeding is noted or develops suddenly, immediately stop the NPWT, take measures to stop bleeding, and consult with **Medical Command.** 

4. If the NPWT unit alarms, check the following:

a. Does the canister need replaced?

b. Is the dressing sealed?

c. Is the tubing kinked?

d. Is the pump working?

5. Turning off the NPWT:

a. Close the tubing clamp on the dressing

b. Place the pump in standby or off position

c. Disconnect the canister tubing

d. The NPWT should not be off more than 2 hours per day.

6. If the NPWT comes loose from the wound:

a. Apply a sterile bandage to the wound

b. Assist the patient in contacting their clinician for replacement

7. If Patient has noted any of the following, they should contact their Health care provider immediately. If unable to do so, offer to transport them to the ER.

a. Fever ≥ 101°

b. Vomiting / Diarrhea

c. Headache

d. Sore throat

e. Confusion

f. Dizziness

g. Redness around wound

h. Rash

i. Puss and/or swollen area around wound

F. IV Fluids

1. BLS monitoring of IV therapy patients is intended for IVs that have been established and running but whose medical condition is not dependent on fluid resuscitation. It not intended to be an interfacility transport protocol for the patient needing IV fluids as a medical treatment to prevent deterioration of their condition.

2. IV Monitoring applies to ADULTS ONLY.

3. IV Fluids shall **NOT** be flowing more than 100 ml/hour to be transported BLS.

4. BLS Monitoring:

   a. IV fluids shall include: clear non-medicated Normal Saline 0.9% or Lactated Ringers only.

   b. IV fluid must be gravity fed ONLY. IV pumps are not allowed.

   c. The IV must be established by the initiating facility staff - **venous peripheral only- arm or hand only.**

   d. Monitor flow rate every 15 minutes during transport

   e. Check site for infiltrations (fluid leaking into surrounding soft tissue), pain at IV site, inflammation, and/or tightness of skin at site.

   f. Should you identify any of the items listed in “e” above: stop the flow, gently remove the IV catheter, elevate the extremity, and apply a bandage to the site.

   g. Document the procedures and have the receiving facility evaluate the site upon arrival.