

**Local Optional Scope of Practice****Date: 11/01/2024*****Management of Patients Encountered at International Ports of Entry with Medications and Equipment Outside Paramedic Scope of Practice*****Policy #7190**

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- I. **Purpose:** To optimize management of patients within Imperial and San Diego Counties who are encountered at international ports of entry with medications and equipment outside paramedic scope of practice.
  
  - II. **Authority:** Health and Safety Code, Division 2.5, Section 1797. 220. California Code of Regulations, Title 13, Section 1105(c).
  
  - III. **Definitions:**  
**PRN:** pro re nata, i.e., “as the thing is needed”
  
  - IV. **Principles:**
    - A. Mexican authorities transfer patient care to Imperial and San Diego County 9-1-1 EMS clinicians when entering the United States.
    - B. When feasible, paramedics discontinue out of scope therapies and replace them with treatments within California scope of practice.
    - C. In situations where in-scope substitutions are not the optimal patient-centered therapies, Base Hospital Physicians provide direct medical oversight for use of optional scope medications and equipment.
  
  - V. **Procedure:**
    - A. Imperial and San Diego County paramedics perform initial patient assessment, including identification of PRN intravenous medications and devices in use, e.g., abdominal surgical drains and ventilators.
    - B. Paramedics make immediate Base Hospital contact for consultation with the Base Hospital Physician if medications or equipment are not within California scope of practice.
      1. For patients on ventilators, paramedics disconnect and provide manual ventilation.
      2. Upon patient transfer from the Mexican ambulance, reconnect existing equipment in the same configuration (Appendix).
      3. Paramedics discontinue out of scope medications and replace them with medications within scope of practice (e.g., midazolam as a substitute for dexmedetomidine).
        - i. If no appropriate in-scope alternative is available, the Base Hospital Physician may authorize continuation, without adjustment, of any of the listed medications (Appendix).
      4. If the patient’s clinical condition deteriorates, paramedics contact the Base Hospital Physician for treatment adjustments, including treatment discontinuation.

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- C. **In Imperial County, for patients likely to deteriorate if existing interventions are discontinued.** If the patient is on two or more intravenous medications, consider transfer to a critical care treatment team for transport out of county.
1. Base Hospital Physician consultation is required for consideration of out of county transport. Indications include:
    - i. Recent medical complaint including a STEMI, stroke, traumatic injury, or burn that would benefit from a specialty care team
    - ii. Recent surgical interventions outside of the scope of local specialists, including but not limited to chest tubes, surgical drains, airway, intraabdominal, or intrathoracic interventions
    - iii. If the main etiology for the patient's clinical status is from specialties including, but not limited to, advanced malignancy; ear, nose and throat surgery; cardiothoracic surgery; or plastic surgery.

**VI. Quality Assurance**

100% of these calls shall be reviewed through the quality assurance process.

APPROVED:

SIGNATURE ON FILE – 11/01/24

EMS Medical Director

**Local Optional Scope of Practice****Date: 11/01/2024****Management of Patients Encountered at International Ports of Entry with Medications and Equipment Outside Paramedic Scope of Practice****Policy #7190****APPENDIX****MEDICATIONS AND EQUIPMENT ENCOUNTERED  
AT INTERNATIONAL PORTS OF ENTRY (PARTIAL LIST)**

MEDICATIONS	EQUIPMENT
<p><b>Sedatives</b></p> <ul style="list-style-type: none"> <li>• Propofol</li> <li>• Midazolam*</li> </ul> <p><b>Analgesics</b></p> <ul style="list-style-type: none"> <li>• Fentanyl*</li> <li>• Morphine*</li> <li>• Ketamine*</li> </ul> <p><b>Vasopressors</b></p> <ul style="list-style-type: none"> <li>• Epinephrine/Adrenaline*</li> <li>• Dopamine*</li> </ul> <p><b>Vasodilator</b></p> <ul style="list-style-type: none"> <li>• Nitroglycerin*</li> </ul> <p><b>Antibiotics</b></p> <ul style="list-style-type: none"> <li>• Vancomycin</li> <li>• Piperacillin / Tazobactam</li> <li>• Cefepime</li> <li>• Linezolid</li> <li>• Meropenem, Imipenem</li> </ul> <p><b>Anticoagulants/Antifibrinolytics</b></p> <ul style="list-style-type: none"> <li>• Heparin</li> <li>• Tranexamic Acid*</li> </ul> <p><b>Blood Products</b></p> <ul style="list-style-type: none"> <li>• Whole Blood</li> <li>• Red Blood Cells</li> <li>• Platelets</li> <li>• Fresh Frozen Plasma</li> <li>• Cryoprecipitate</li> </ul> <p><b>Other</b></p> <ul style="list-style-type: none"> <li>• Oxytocin</li> <li>• Magnesium*</li> <li>• Epoprostenol</li> <li>• Treprostinil</li> <li>• Prostaglandin E1</li> </ul>	<ul style="list-style-type: none"> <li>• Thoracostomy Tubes</li> <li>• Nasogastric or Orogastric Tubes</li> <li>• Pericardiocentesis Tubes</li> <li>• IV Pumps</li> </ul>

\* These medications are within California paramedic scope of practice and therefore do not require LOSOP authority. They are included here for situational awareness.