

LIDOCAINE INFUSION

A. PURPOSE: To authorize CCT-Ps to monitor and adjust existing intravenous lidocaine infusions during scheduled interfacility transport.

B. POLICY:

1. Only authorized CCT-Ps will be permitted to monitor and adjust lidocaine infusions during scheduled interfacility transports.
2. **CCT-Ps may not initiate lidocaine infusions.**

C. PROCEDURE:

1. The following parameters shall apply to all patients with pre-existing lidocaine infusions:

✓ Infusion fluid will be either NS or D5W. Medication concentration will be either

- **1 gram/250cc**

or

- **2 grams/500cc**

✓ Regulation of the infusion rate will occur within the parameters as defined by the transferring physician, but **in no case will changes be in greater than 1mg/minute increments every 3 - 5 minutes.**

✓ CCT-Ps may institute **two infusion rate changes** prior to consulting with the Base Hospital. Any additional changes must be made only after contact with the Base Hospital.

✓ **INFUSION RATES MAY NOT EXCEED 4 mg/min.**

✓ **Infusions must be regulated by a mechanical pump familiar to the CCT-P.** If a pump failure occurs the CCT-paramedic is to notify the base physician for authorization to manually adjust the infusion rate.

2. If medication administration is interrupted (infiltration, accidental disconnection, malfunctioning pump, etc), the CCT-P may restart the line.
3. Patients shall be placed and maintained on cardiac and pulse oximetry monitors during transport. Vital signs are to be monitored as indicated in the transfer guidelines.
4. Signed transfer orders from the transferring physician must be obtained prior to transport. Transfer orders must provide for maintaining the lidocaine infusion during transport, and the circumstances under which the rate will be changed or the infusion discontinued.

Standard Strength	
1 Gram/250cc 2 Gm/500cc	
cc/hr	mg/min
15	1
30	2
45	3
60	4