

Bailey, David L.

From: Bailey, David L.
Sent: Thursday, March 09, 2017 7:29 PM
To: Bailey, David L.
Cc: Johndro, Charles
Subject: ***Only administer cardiac arrest epi via syringe bolus***

Importance: High

Dear Hartford Hospital sponsored paramedic:

Good evening.

Effective immediately, when treating cardiac arrest, paramedics acting under Hartford Hospital authorization are to only administer epinephrine 1mg/10mL (1:10,000) via the traditional syringe-bolus route. Paramedics are no longer authorized to administer epinephrine as an infusion during cardiac arrest.

There are a number of reasons for this decision:

The Regional EMS protocols had introduced a method of diluting several milligrams of epinephrine into an IV bag and running it in such that 1mg would be administered every 3-5 minutes. The State EMS Protocols we are now using do not include this method of administration. Thus there is no "playbook" for it. This is a more complex procedure than diluting a single dose of bolus medication (in order to administer it more slowly). Specific mixing and administration instructions are needed as well as consideration of risk/benefit. It has been reported this method of infusing epinephrine during cardiac arrest continues to be used extensively yet most documentation has not reflected it. Instead, many providers have been incorrectly documenting the epinephrine infusion as discrete, bolus doses. Any continuous infusion of a medication requiring a dose/time should be documented as such.

We have recently identified a couple cardiac arrests where an epinephrine infusion was used but mixed/administered incorrectly. This resulted in extreme under-dosing of epinephrine during the resuscitation. We are required to take action to prevent recurrence of these errors. One solution considered was education and dosing cards to make this practice less error prone. This approach was discarded for the following reasons:

- The State Protocols do not appear to presently allow it
- Very little appears to be gained by this alternate administration method
- Considerable time/effort would be required at this point to assure safety
- This alternate method appears to present a higher risk of error (even with additional safeguards)

Managers, please post this communication for any medics who may not have received or seen it.

Thank you for your compliance with this decision. Please feel free to get in touch with me if you have any questions or concerns.

Dave

[David Bailey](#)

EMS Coordinator

Department of Emergency Medicine



Hartford Hospital

560 Hudson Street

Hartford, CT 06102

Office: 860-972-1180

Fax: 860-545-5012

eMail: David.Bailey@hhhealth.org

www.hartfordhealthcare.org

<http://www.harthosp.org/EMSEducation/MedicalControl/>