



MEDICAL CONTROL DIRECTIVE

2023-01

DATE: January 3, 2023

TO: Pinellas County EMS Agencies
Pinellas County Emergency Communications
Pinellas County Certified EMTs and Paramedics
Pinellas County Certified Advanced Practice Paramedics, Nurses
Pinellas County Online Medical Control Physicians
Pinellas County Ambulance Billing and Financial Services
ED Nurse Managers

FROM: Dr. Angus Jameson, EMS Medical Director 

RE: Medical Operations Manual (MOM) Effective Date Renewal & Medical Control Directive Reconciliation

Effective Date: 0800 hrs. January 4, 2023

- Pinellas County Medical Operations Manual (MOM) - Effective Dates

Volume	Title	Effective Date
One	Clinical Operations Guidelines (COG) Rev 2023.1	January 4, 2023
Two	Administrative Rev. 2023.1	January 4, 2023
Three	Critical Care Transport	January 2, 2018 (Remains authorized for use)
Four	Hazmat	July 22, 2019 (Remains authorized for use)
Five	Tactical	May 1, 2019 (Remains authorized for use)

- The following legacy Medical Control Directives remain in force:

Directive #	Subject
2021-17	Response Configuration Exceptions (Growth Management Update)
2021-12	Consent for Opioid Treatment Referral
2021-11	Chapter 22021-119 Treatment and Transport of Police Canines (K-9)
2021-09	Protocol CT24 Interfacility Transport Levels of Care, CCT-CT2 Interfacility Transport Guidelines & CCT-AP3 Accessing Critical Care Team (CCT/CCP) Interfacility Transport
2021-06	Largo Medical Center - Comprehensive Stroke Services
2020-22	Sapphire Infusion Pump
2019-21	Baker Act Psychiatric Transport Documentation



MEDICAL CONTROL DIRECTIVE 2021-17

DATE: August 31, 2021

TO: Pinellas County EMS Agencies
Pinellas County Emergency Communications
Pinellas County Certified EMTs and Paramedics
Pinellas County Certified Advanced Practice Paramedics, Nurses
Pinellas County Online Medical Control Physicians
Pinellas County Ambulance Billing and Financial Services
ED Nurse Managers

FROM: Dr. Angus Jameson, EMS Medical Director 

RE: **Response Configuration Exceptions (Growth Management Update)**

Effective Date: 0800 hrs. September 1, 2021

- This Medical Control Directive supersedes Medical Control Directive 2019-11 Response Configuration Exceptions (Growth Management Implementation)
- The following Priority Dispatch Codes 17A01, 17A02, 17A03, 26A, 26O02-28 (except 26O-09 and 21 which are ALSFR Only) are designated Ambulance Only Determinants in the following EMS Districts: Clearwater, Largo, Lealman, Pinellas Suncoast, Safety Harbor, and Seminole.
- Personnel are reminded that Response Configuration Exceptions 3a and 3b in “Protocol AD2 911 Call Processing and Assignment” (Rev. March 2021) remain in effect. Specifically:
 3. When the response configuration is determined to be a single resource type (e.g., Ambulance only) the following exceptions shall apply:
 - a. If the single resource type is predicted to have a likely response time of greater than 20 minutes, the call shall immediately have an additional resource type (e.g., First Responder) assigned.
 - b. If during patient assessment or transport, the patient is determined to be Category RED, the treating Paramedic shall use best judgement as to if the best course of action is to initiate/continue transport to the nearest appropriate ED (Ref CS4) or request the assignment of additional ALS resources.

- Both Emergency Medical Dispatchers and Field Clinicians are encouraged to assign or request additional units whenever necessary.



MEDICAL CONTROL DIRECTIVE

2021-12

DATE: June 29, 2021

TO: Pinellas County EMS Agencies
Pinellas County Emergency Communications
Pinellas County Certified EMTs and Paramedics
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Pinellas County Online Medical Control Physicians
Pinellas County Ambulance Billing and Financial Services
ED Nurse Managers

FROM: Dr. Angus Jameson, EMS Medical Director 

RE: Consent for Opioid Treatment Referral

EFFECTIVE DATE: July 1, 2021

- I. Pinellas County EMS (PCEMS) clinicians will now have the ability to refer a patient with Opioid Use Disorder (OUD) to a treatment provider as part of Pinellas County's COSSAP grant program. This referral process **DOES NOT REPLACE NORMAL TREATMENT AND TRANSPORT PROCEDURES** but may be utilized for a patient after an acute overdose or for a less acute presentation of OUD and provides PCEMS clinicians with an additional tool to advocate for and assist a patient.
- II. Referral is easy and only requires PCEMS clinicians to obtain consent and a signature from the patient. Once the signature is obtained, the referral process is automatic through an electronic linkage and a treatment team specialist will reach out to the patient directly within a short time.
- III. The process for obtaining consent is as follows:
 1. Ensure the patient has decisional capacity
 2. Review consent language with patient
 3. Answer any questions
 4. Obtain Signature (see next page)

Trip Patient Subjective Objective Vital Signs Diagnostics Interventions Outcome Review

Outcome
Times
Signatures
Forms
External Reports

<New>		

Select a signature type:

- 1 TRANSPORT – PATIENT SIGNING
- 2 TRANSPORT – OTHER PERSON SIGNING
- 3 REFUSAL - NO TRANSPORT
- 4 ALSO REFUSE RECOMMENDED DEST / TX / EVAL
- 5 CREW
- 6 RECEIVING HOSPITAL/FACILITY REPRESENTATIVE
- 7 CONTROLLED SUBSTANCE WASTED
- 8 CREW FOR COVID TRANSPORT – VERBAL CONSEN
- 9 CONSENT FOR OPIOID TREATMENT REFERRAL

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MEDICAL CONTROL DIRECTIVE 2021-11

DATE: June 29, 2021

TO: Pinellas County EMS Agencies
Pinellas County Emergency Communications
Pinellas County Certified EMTs and Paramedics
Pinellas County Certified Advanced Practice Paramedics, Nurses
Pinellas County Online Medical Control Physicians
Pinellas County Ambulance Billing and Financial Services
ED Nurse Managers

FROM: Dr. Angus Jameson, EMS Medical Director 

RE: Chapter 2021-119 - Treatment and Transport of Police Canines (K-9)

EFFECTIVE DATE: July 1, 2021

Chapter 2021-119:

- Authorizes licensed EMS agencies to transport injured police canines
- Authorizes a paramedic or an emergency medical technician to provide emergency medical care to injured police canines
- “Police Canines” means any canine that is owned, or the service of which is employed, by a state or local law enforcement agency, a correctional agency, a fire department, a special fire district, or the State Fire Marshal for the principal purpose of aiding in the detection of criminal activity, flammable materials, or missing persons; the enforcement of laws; the investigation of fires; or the apprehension of offenders.
- A licensee with a valid permit for the transport vehicle may transport a police canine injured in the line of duty to a veterinary clinic or similar facility if there is no individual requiring medical attention or transport at that time.

Treatment & Transport:

- For crew safety, ensure the canine officer is accompanied by a handler and muzzled regardless of initial level of consciousness.
- Paramedics and EMTs are authorized to institute Basic Life Support (BLS) modalities and transport via Rescue Unit or Ambulance.
 - BLS Modalities may include:
 - Mask/snout ventilation at standard rates (Utilize canine oxygen mask kit when available)
 - Administration of supplemental oxygen
 - CPR (performed with the canine on its side and hands placed over the widest part of the chest/where the front leg elbow sits with leg flexed)
 - Hemorrhage control including tourniquets and wound packing
 - Chest seal application
- Tactical EMS Paramedics may utilize the Tactical Medical Operations Manual protocols.
- Ask the handler for the canine officer or other appropriate law enforcement official which animal hospital they want the canine transported to.
 - Request an agency representative contact the animal hospital to authorize treatment.
- Have dispatch contact the animal hospital to ensure they are open/able to accept the canine officer.
- If the canine officer does not have a specified veterinarian or animal hospital utilize the following options (not listed in any particular order):
 - Tampa Bay Veterinary Specialist & Emergency Care Center - 24 Hour
1501A South Belcher Road - Largo
727-535-3500
 - BluePearl Pet Hospital - 24 Hour
4701 Ulmerton Road Suite 400 - Clearwater
727-572-0132
 - St. Petersburg Animal Hospital & Urgent Care - hours vary
3165 22nd Avenue North - St Petersburg
727-323-1311

CHAPTER 2021-119

Senate Bill No. 388

An act relating to injured police canines; creating s. 401.254, F.S.; defining the term “police canine”; authorizing licensed life support services to transport injured police canines under certain circumstances; authorizing a paramedic or an emergency medical technician to provide emergency medical care to injured police canines under certain circumstances; providing for immunity from criminal and civil liability under certain circumstances; amending s. 474.203, F.S.; providing applicability; providing an effective date.

Be It Enacted by the Legislature of the State of Florida:

Section 1. Section 401.254, Florida Statutes, is created to read:

401.254 Treatment of injured police canines.—

(1) As used in this section, the term “police canine” means any canine that is owned, or the service of which is employed, by a state or local law enforcement agency, a correctional agency, a fire department, a special fire district, or the State Fire Marshal for the principal purpose of aiding in the detection of criminal activity, flammable materials, or missing persons; the enforcement of laws; the investigation of fires; or the apprehension of offenders.

(2) A licensee with a valid permit for the transport vehicle may transport a police canine injured in the line of duty to a veterinary clinic or similar facility if there is no individual requiring medical attention or transport at that time.

(3) Notwithstanding s. 474.213, a paramedic or an emergency medical technician may provide emergency medical care to a police canine injured in the line of duty while at the scene of the emergency or while the police canine is being transported to a veterinary clinic or similar facility. A paramedic or an emergency medical technician who acts in good faith to provide emergency medical care to an injured police canine is immune from criminal or civil liability.

Section 2. Subsection (10) is added to section 474.203, Florida Statutes, to read:

474.203 Exemptions.—This chapter does not apply to:

(10) A paramedic or an emergency medical technician providing emergency medical care to a police canine injured in the line of duty as authorized under s. 401.254.

For the purposes of chapters 465 and 893, persons exempt pursuant to subsection (1), subsection (2), or subsection (4) are deemed to be duly licensed practitioners authorized by the laws of this state to prescribe drugs or medicinal supplies.

Section 3. This act shall take effect July 1, 2021.

Approved by the Governor June 18, 2021.


Filed in Office Secretary of State June 18, 2021.



MEDICAL CONTROL DIRECTIVE 2021-09

DATE: May 21, 2021

TO: Pinellas County EMS Agencies
Pinellas County Emergency Communications
Pinellas County Certified EMTs and Paramedics
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ED Nurse Managers

FROM: Dr. Angus Jameson, EMS Medical Director 

RE: Protocol CT24 Interfacility Transport Levels of Care, CCT-CT2 Interfacility Transport Guidelines & CCT-AP3 Accessing Critical Care Team (CCT/CCP) Interfacility Transport

Effective Date: 0800 hrs. May 26, 2021

- **Protocol CT24 Interfacility Transport Levels of Care - Revised**
 - General formatting updates
 - Sunstar Interfacility Transport Contact Number updated
 - Transport Options - all information updated to currently available options
 - Patient Monitoring and Management Capabilities - revised to align with current practices and capabilities
- **Protocol CCT-CT2 Interfacility Transport Levels of Care - Deleted**
 - CCT-CT2 is deleted
- **Protocol CCT-AP3 Accessing Critical Care Team (CCT/CCP) Interfacility Transport**
 - Protocol title revised to align with current program setup
 - Protocol content - complete revision to align with current practices and capabilities

Attachments:


CT24 Interfacility Transport Levels of Care
CCT-AP3 Accessing Critical Care Team (CCT/CCP) Interfacility Transport



INTERFACILITY TRANSPORT REQUEST PROCEDURE

CALL: 727-582-2001

Sending Facility - Be Prepared to Provide the Following Information

Facility Name	Patient location - Unit Name, Room and Bed Numbers	
State Level of Urgency		
 EMERGENCY Lights and Sirens	AS SOON AS POSSIBLE	SCHEDULED/ROUTINE
	Non-critical: Patient can wait for next available ambulance	Non-critical: Specific pick-up time requested

Additional Information Necessary

1	Patient's name, age & social security number	4	Isolation or Safety Precautions	7	Receiving Physician Name
2	Diagnosis & reason for transport	5	Sending Physician Name	8	Transport Coordinator/Primary RN name & direct telephone number
3	Adjuncts necessary for transport	6	Destination facility name, unit, room/bed		

Transport Options (See over for EMS Levels of Care)

Pinellas EMS System Transport	Air Medical Transport	Pediatric & NICU Transfers	Wheelchair/Stretcher Van
Critical Care Transport Team	Lifeline1: 727-893-6010	Johns Hopkins/All Children's: 727-767-7337	http://www.pinellascounty.org/publicsafety/transport.html
Critical Care Paramedic Ambulance	TGH AeroMed: 800-727-1911	St. Joe's/Baycare: 800-277-5437	
ALS Ambulance			
BLS Ambulance			

CT24 - INTERFACILITY TRANSPORT LEVELS OF CARE

CT24 - INTERFACILITY TRANSPORT LEVELS OF CARE - CT24

PATIENT MONITORING AND MANAGEMENT CAPABILITIES						
	Airway	Breathing	Circulation (Cardiac)	Disability & Drugs	Exam	Notes
Mental Health Transport (MHT)	NONE	NONE	NONE	No risk of violence or need for restraints (must be able to ambulate without assistance)	Must be medically cleared by MD/DO, ARNP or PA-C	Staffed with non-medical personnel
Basic Life Support (BLS)	Basic Monitoring & Simple Suctioning Uncomplicated trach monitoring	Basic Monitoring & O2 (stable flow)	Basic AED	NONE (Peripheral or Central IVs must be capped/not in use)	Triage by Call Taker EMT verifies on arrival	NONE
Advanced Life Support (ALS)	Endotracheal Intubation Complex or continuous suctioning	Advanced monitoring (SpO2 /EtCO2) & Oxygen (titration) & Ventilatory assistance	Continuous Cardiac Monitoring (transfers to monitored beds, recent ACS, arrhythmia, or another cardiac event)	Standard EMS Medications IV Fluids (NS, LR, D10W only) without pump Seizure Precautions (< 24 hrs or high risk) Pain Management Restraints (Physical and/or Chemical)	Triage by Call Taker Paramedic verifies on arrival	Hospital RN may accompany if no CCP/CCT available
Critical Care Paramedic (CCP)	Same capabilities as ALS Ambulance	Stable Vent (no settings changes ≥ 24 hrs.) Stable Chest Tube (> 48 hrs. old)	Non-monitored Arterial Sheaths	Advanced/Pump Requiring Medications and Infusions (1 channel max) [e.g. Peds IVF, IVF with K+, antibiotics, TPN, PPI's, H2 blockers, anticoagulants, nitroglycerin, vasopressors]	Triage by CCT RN to meet CCP Criteria	Emergency STEMI/STROKE Transfers with: <ul style="list-style-type: none">• Stable Airway• Stable BP (>90/<180)• No arrhythmia• 1 infusion max
Critical Care (CCT)	RSI with Video Laryngoscopy Recent/Complicated Trach	Vent Management Chest Tube Management	Invasive Monitoring (Art Line, A/V Sheaths Swan-Ganz, CVP, ICP etc.) Cardiac Adjuncts (Transvenous Pacer, Balloon Pump, Impella LVAD, BIVAD, ECMO) Fetal Monitoring/tocolysis	Advanced Medications (6 channels max) Blood Products	Triage by CCT RN to meet CCT Criteria	CCT RN will assist in triage for appropriateness <ul style="list-style-type: none">• High Risk OB (No active labor) Infants > 28 days or 5 Kgs (No Isolette)• Neonatal transports meeting criteria in FL 64J-1.001(11) (12) must use a NICU Transport Team (see over for contact)• ECMO patients must have a facility perfusionist accompanying them

AP3 ACCESSING CRITICAL CARE TEAM (CCT/CCP) INTERFACILITY TRANSPORT

When an interfacility transfer call is received in dispatch, the call taker will determine the appropriate triage level utilizing EMD Cards 45 and 46 in accordance with AD4 and CT24. If CCT or CCP level of care is necessary, the following actions will take place:

1. If triage indicates, the call taker will advise the caller that the transport is above the level of Pinellas County Paramedics and they need to utilize the CCT or CCP for the transport (the caller may request to send their own staff nurse for the transport).
2. The call taker will ascertain requested time of pick up, or if it is “EMERGENCY”, “As Soon As Possible”, or “Scheduled/Routine” as per CT24.
3. If the call requires the CCT, the SSC will page the CCT with patient information as outlined in the determinant card.
4. If the call is able to be handled by the CCP, the call will be assigned to the appropriate CCP/800 crew. If a CCP/800 crew is unavailable, the call will revert to the CCT.
5. The CCT will acknowledge receipt of the page on Sunstar tac channel Alpha (“A”).
6. The CCT RN will call the sending facility to obtain patient report and set pick up time based on other calls holding and severity of patient condition. (the CCT RN will call the facility back as soon as possible on all requests to assure proper triage and response mode)

Patient Selection Criteria for the CCT (Ref. CT24):

- Advanced airway adjunct (i.e., mechanical ventilator, continuous positive airway pressure [CPAP/BiPAP] device, chest tube(s), tracheostomy patient with artificial adjunct or complications)
- Recent/Complicated Trach
- Invasive Monitoring (Art Line, A/V Sheaths Swan-Ganz, CVP, ICP etc.)
- Medicated intravenous line (i.e., infusion(s) requiring accurate mechanical dose regulation such as pressors, antianginal, thrombolytic, antidysrhythmic, anticoagulant, tocolytic, paralytic, volume expander including blood, plasma, platelets, and colloids)
- Mechanical Circulatory Support/Cardiac Adjuncts (Transvenous Pacer, Balloon Pump, Impella LVAD, BIVAD, ECMO)
 - Note: Facility perfusionist is required to accompany ECMO patients
- Trauma patient (interfacility transfer to a state approved trauma center)
- Pediatric patient (Unstable condition, advanced adjunct(s) or requiring transport to specialized pediatric facility)
- Neonatal patient (neonatal patient who **DOES NOT** require an isolette or specialized team for transport per FL Administrative Code 64-J)

- Obstetric patient (i.e., high risk, premature labor or requiring transport to a Regional Perinatal Intensive Care Center or facility with obstetric services. OLMC consultation is required if labor is advanced / >6 cm, rapidly progressing/continuing to dilate, or imminent delivery)
- Other patient that sending/receiving physician or the CCT determines has a need for advanced, and/or specialty care, or has the high potential for deterioration during transport.

Specific assigned 800 series ambulance units may be utilized for a patient requiring the following treatments or experiencing the following conditions after triage by a CCT RN:

- Non-monitored arterial sheath
- Stable Vent (no settings changes \geq 24 hrs.)
- Stable Chest Tube (>48 hrs. old)
- Emergency STEMI/STROKE Transfers with:
 - Stable Airway
 - Stable BP (>90/<180)
 - No arrhythmia
 - 1 infusion max
- Advanced Pump Requiring Medications and Infusions (1 channel max):
 - Pediatric (< 1 yr. old) intravenous fluids
 - Intravenous fluids with potassium, “i.e. Banana Bag”
 - Antibiotics
 - Total parenteral nutrition (TPN)
 - Proton pump inhibitors (PPIs) and H2 blockers
 - Anticoagulants and antiplatelets
 - Nitroglycerin
 - Vasopressors not requiring titration



MEDICAL CONTROL DIRECTIVE 2021-06

DATE: April 6, 2021

TO: Pinellas County EMS Agencies
Pinellas County Emergency Communications
Pinellas County Certified EMTs and Paramedics
Pinellas County Certified Advanced Practice Paramedics, Nurses
Pinellas County Online Medical Control Physicians
Pinellas County Ambulance Billing and Financial Services

FROM: Dr. Angus Jameson, EMS Medical Director 

RE: Largo Medical Center - Comprehensive Stroke Services

Effective Date: Wednesday, April 7, 2021


Effective 0800 hrs., April 7, 2021, Largo Medical Center Hospital is to be considered a "Comprehensive Stroke Center" destination for a patient meeting criterion per Medical Operations Manual (MOM) Protocol M4 Suspected Cerebral Vascular Accident (CVA).



MEDICAL CONTROL DIRECTIVE 2020-22

DATE: November 5, 2020

TO: Pinellas County EMS Agencies
Pinellas County Emergency Communications
Pinellas County Certified EMTs and Paramedics
Pinellas County Certified Advanced Practice Paramedics, Nurses
Pinellas County Online Medical Control Physicians
Pinellas County Ambulance Billing and Financial Services
ED Nurse Managers

FROM: Dr. Angus Jameson, EMS Medical Director 

RE: Sapphire Infusion Pump Authorization

Effective Date: Immediately

1. The Eitan Sapphire Infusion Pump is authorized for use as the primary infusion pump of the Sunstar Critical Care Team.
 - a. Authorized settings for the Sapphire Infusion Pump are specified in CCT-AD1 Sapphire Infusion Pump Configuration (attached).
 - b. Selection of infusion pump tubing for use with the Sapphire Infusion Pump is specified in CCT-CS15 Sapphire Infusion Pump Tubing Selection (attached).
2. The CME America BodyGuard 121 Dual Channel Infusion pump is no longer authorized for use effective November 11, 2020.
3. The BBraun Single Channel Infusomat Infusion Pump remains authorized for use on Critical Care Paramedic (CCP) units and as back up for CCT.
4. Attachments:
 - CCT-AD1 Sapphire Infusion Pump Configuration
 - CCT-CS15 Sapphire Infusion Pump Tubing Selection

CCT-AD1 Sapphire Infusion Pump Configuration

The Sapphire Infusion Pump Clinical Configuration is the clinical standard for Critical Care Patient transports. It reflects a standard configuration for ALL Sapphire Infusion Pump devices utilized as a component of Critical Care Transports under the auspices of Pinellas County EMS. *This configuration is not to be altered without prior approval of the EMS Medical Director.*

This pump is only to be used in Continuous Mode. Additional modes are disabled/hidden. The following settings apply to the continuous mode. If any other setting is visible, please contact your administrator.

System Settings	
Parameter	Setting
New Patient	Off
Calculate Concentration	On
Prime Reminder	Off
Bolus Reminder	Off
Allow Delayed Start	Off
Automatic Patient Lockout	Off
Medium Titration	On
US Format	On
Screen Saver	On
Backlight	Partially dimmed
Keys Volume	Low
Alarm volume	Maximum
Bolus Handle	Always On
Repeat Last Infusion	On
PreProgram	Off
Single Air Detector*	Off
Accumulated air Detector	0.2 mL
Accumulated Threshold	0.5 mL
Prime Volume**	10 mL

* If an infusion is running at a rate of 1-4 mL/h or lower, the single air detector will automatically switch to "On" at 0.5 mL. If an infusion is running at a rate lower than 1 mL/h, the single air detector will automatically switch to 0.1 mL.

**When able (such as with macro bore tubing), prime the pump by opening the clamp and allowing gravity to prime the tubing.

Regional (All Modes)	
Parameter	Setting
Date	MM/DD/YY
Time	12 hour clock
Language	English
US Format	ON

Alarms Settings	
Parameter	Setting
Occlusion Units	mmHg
Occlusion Pressure	600 mmHg
Pump Unattended	5 minutes
Infusion Near End	5 minutes
Alarm Volume	Maximum

Mode Options	
Parameter	Setting
Allow Bolus Continuous	Off
Advance Bolus Continuous	Off
Bolus Rate Continuous	500 mL/h
Bolus Rate Secondary	125 mL/h
Set Secondary	Off

Hard Limits	
Parameter	Setting
VTBI Continuous	9999 mL
Rate Continuous	999 mL/h
VTBI Secondary	9999 mL
Rate Secondary	500 mL/h
Minimum Bolus Lockout	00:01 h:min
Maximum Bolus Lockout	24:00 h:min

Reset System: Password
The device password is managed by Pinellas County EMS and Sunstar administration. Distribution of the password is only permitted with prior approval of the EMS Medical Director.

Set Hard Limits; Mode Specific		
Mode	Parameter	Setting
Continuous	Primary VTBI (Volume to be Infused)	9999 mL
	Primary Rate	999 mL/h
	Secondary VTBI	9999 mL
	Secondary Rate	500 mL/h

Set KVO	
Mode	Setting
Continuous	3 mL/h

CCT-AD1 - SAPPHIRE INFUSION PUMP CONFIGURATION

CCT-AD1 - SAPPHIRE INFUSION PUMP CONFIGURATION

Delivery Mode	
Mode	Visibility
Continuous	Visible
Intermittent	Hidden
TPN	Hidden
PCA	Hidden
Multi-step	Hidden
Epidural Intermittent	Hidden
PCEA	Hidden

Configurable Units			
Units	Visibility	Units	Visibility
mL/h	Visible	nanog/kg/min	Visible
mL/min	Visible	mmol/h	Visible
mL/kg/h	Visible	mmol/min	Visible
mL/kg/min	Visible	mmol/kg/h	Visible
grams/h	Visible	mmol/kg/min	Visible
grams/min	Visible	Million Units/h	Hidden
grams/kg/h	Visible	Units/h	Visible
grams/kg/min	Visible	Units/min	Visible
mg/h	Visible	Units/kg/h	Visible
mg/min	Visible	Units/kg/min	Visible
mg/kg/h	Visible	mUnits/h	Visible
mg/kg/min	Visible	mUnits/min	Visible
mcg/h	Visible	mUnits/kg/h	Visible
mcg/kg/h	Visible	mUnits/kg/min	Visible
mcg/kg/min	Visible	mEq/h	Visible
nanog/h	Visible	mEq/min	Visible
nanog/min	Visible	mEq/kg/h	Visible
nanog/kg/h	Visible	mEq/kg/min	Visible

Generic Name	DOBUTamine		
Displayed Name	DOBUTamine (Dobutrex)	Concentration	500 mg/250 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	mcg/kg/min	0.5	40

Generic Name	DOBUTamine		
Displayed Name	DOBUTamine (Dobutrex)	Concentration	1000 mg/250 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	mcg/kg/min	0.5	40

Generic Name	DOPamine		
Displayed Name	DOPamine (Intropin)	Concentration	400 mg/250 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	mcg/kg/min	2	50

Generic Name	DOPamine		
Displayed Name	DOPamine (Intropin)	Concentration	800 mg/250 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	mcg/kg/min	2	50

Generic Name	EPINEPHrine		
Displayed Name	EPINEPHrine	Concentration	4 mg/250 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	mcg/min	1	20

Generic Name	EPINEPHrine		
Displayed Name	EPINEPHrine	Concentration	8 mg/250 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	mcg/min	1	20

Generic Name	IV Fluids		
Displayed Name	IV Fluids Normal Saline	Concentration	__ mL/ __ mL
RULE	DOSING UNIT	LHL	UHL
Bolus Options	Simple	n/a	n/a
Dose Rate	mL/h	1	999
Bolus Amount	mL	1	999

Generic Name	IV Fluids		
Displayed Name	IV Fluids Lactated Ringers	Concentration	__ mL/ __ mL
RULE	DOSING UNIT	LHL	UHL
Bolus Options	Simple	n/a	n/a
Dose Rate	mL/h	1	999
Bolus Amount	mL	1	999

Generic Name	IV Fluids		
Displayed Name	IV Fluids (3% Saline Wt)	Concentration	__ mL/500 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	mL/kg/h	0.1	1

CCT-AD1 - SAPPHIRE INFUSION PUMP CONFIGURATION

Generic Name	IV Fluids		
Displayed Name	IV Fluids 3% Saline	Concentration	___mL/500 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	mL/h	10	200

Generic Name	LORazepam		
Displayed Name	LORazepam (Ativan)	Concentration	40 mg/40 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	mg/h	1	10

Generic Name	LORazepam		
Displayed Name	LORazepam (Ativan)	Concentration	50 mg/50 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	mg/h	1	10

Generic Name	LORazepam		
Displayed Name	LORazepam (Ativan)	Concentration	100 mg/100 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	mg/h	1	10

Generic Name	Sodium Bicarbonate		
Displayed Name	Sodium Bicarbonate	Concentration	___mEq/1000 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	mL/h	1	250

Generic Name	TPN		
Displayed Name	TPN	Concentration	___mL/___mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	mL/h	1	200

Generic Name	Tranexamic Acid		
Displayed Name	tranexamic acid (TXA)	Concentration	1 gram/100 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	grams/h	0.124	0.125

Generic Name	abciximab		
Displayed Name	abciximab (ReoPro)	Concentration	9 mg/250 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	mcg/kg/min	n/a	0.125

Generic Name	alteplase		
Displayed Name	alteplase (t-PA)	Concentration	100 mg/100 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	mg/h	0.1	100

Generic Name	amiodarone		
Displayed Name	amiodarone (Cordarone)	Concentration	360 mg/200 mL
RULE	DOSING UNIT	LHL	UHL
Bolus Options	Advanced	n/a	n/a
Dose Rate	mg/min	0.5	1
Bolus Amount	mg	n/a	150
Max Bolus Amount	n/a	n/a	n/a
Bolus Rate	mL/h	n/a	500
Bolus Time	h:min	0:10	0:11

Generic Name	amiodarone		
Displayed Name	amiodarone (Cordarone)	Concentration	450 mg/250 mL
RULE	DOSING UNIT	LHL	UHL
Bolus Options	Advanced	n/a	n/a
Dose Rate	mg/min	0.5	1
Bolus Amount	mg	n/a	150
Max Bolus Amount	n/a	n/a	n/a
Bolus Rate	mL/h	n/a	500
Bolus Time	h:min	0:10	0:11

Generic Name	amiodarone		
Displayed Name	amiodarone (Cordarone)	Concentration	900 mg/500 mL
RULE	DOSING UNIT	LHL	UHL
Bolus Options	Advanced	n/a	n/a
Dose Rate	mg/min	0.5	1
Bolus Amount	mg	n/a	150
Max Bolus Amount	n/a	n/a	n/a
Bolus Rate	mL/h	n/a	500
Bolus Time	h:min	0:10	0:11

Generic Name	amiodarone bolus		
Displayed Name	amiodarone bolus	Concentration	150 mg/100 mL
RULE	DOSING UNIT	LHL	UHL
Bolus Options	Advanced	n/a	n/a
Dose Rate	mg/min	n/a	n/a
Bolus Amount	mL	100	n/a
Max Bolus Amount	n/a	n/a	n/a
Bolus Rate	mL/h	600	n/a
Bolus Time	h:min	0:10	0:11

Generic Name	argatroban		
Displayed Name	argatroban	Concentration	250 mg/250 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	mcg/kg/min	0.5	10

Generic Name	bivalirudin		
Displayed Name	bivalirudin (Angiomax)	Concentration	250 mg/500 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	mg/kg/h	0.25	1.75

CCT-AD1 - SAPPHIRE INFUSION PUMP CONFIGURATION

Generic Name	bivalirudin		
Displayed Name	bivalirudin (Angiomax)	Concentration	250 mg/50 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	mg/kg/h	0.25	1.75

Generic Name	cisatracurium		
Displayed Name	cisatracurium (Nimbex)	Concentration	200 mg/100 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	mcg/kg/min	0.5	10

Generic Name	cisatracurium		
Displayed Name	cisatracurium (Nimbex)	Concentration	100 mg/100 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	mcg/kg/min	0.5	10

Generic Name	dexmedetomidine		
Displayed Name	dexmedetomidine (Precedex)	Concentration	200 mcg/50 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	mcg/kg/h	0.1	1.5

Generic Name	dexmedetomidine		
Displayed Name	dexmedetomidine (Precedex)	Concentration	400 mcg/100 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	mcg/kg/h	0.1	1.5

Generic Name	diltiazem		
Displayed Name	diltiazem (Cardizem)	Concentration	100 mg/100 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	mg/h	2.5	15

Generic Name	diltiazem		
Displayed Name	diltiazem (Cardizem)	Concentration	125 mg/125 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	mg/h	2.5	15

Generic Name	eptifibatid		
Displayed Name	eptifibatid (Integrilin)	Concentration	75 mg/100 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	mcg/kg/min	1	2

Generic Name	esmolol		
Displayed Name	esmolol (Brevibloc)	Concentration	2500 mg/250 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	mcg/kg/min	50	300

Generic Name	fentanyl		
Displayed Name	fentanyl (Sublimaze)	Concentration	1000 mcg/100 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	mcg/h	1	200

Generic Name	fentaNYL		
Displayed Name	fentaNYL (Sublimaze)	Concentration	2000 mcg/100 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	mcg/h	2	200

Generic Name	fentaNYL		
Displayed Name	fentaNYL (Sublimaze)	Concentration	2500 mcg/250 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	mcg/h	1	200

Generic Name	heparin		
Displayed Name	heparin (Heparin Sodium)	Concentration	25000 Units/250 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	Units/h	100	1800

Generic Name	heparin		
Displayed Name	heparin (Heparin Sodium)	Concentration	25000 Units/500 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	Units/h	100	1800

Generic Name	heparin Wt		
Displayed Name	heparin Wt (Heparin Sodium Wt)	Concentration	25000 Units/250 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	Units/kg/h	10	18

Generic Name	heparin Wt		
Displayed Name	heparin Wt (Heparin Sodium Wt)	Concentration	25000 Units/500 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	Units/kg/h	10	18

Generic Name	insulin		
Displayed Name	insulin (Regular Insulin)	Concentration	100 Units/100 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	Units/h	0.1	15

Generic Name	insulin Wt		
Displayed Name	insulin Wt (Regular Insulin Wt)	Concentration	100 Units/100 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	Units/kg/h	0.01	1

Generic Name	isoproterenol		
Displayed Name	isoproterenol (Isuprel)	Concentration	1000 mcg/250 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	mcg/min	0.5	30

Generic Name	ketamine		
Displayed Name	ketamine (Ketalar)	Concentration	500 mg/500 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	mg/kg/h	0.1	3

CCT-AD1 - SAPPHIRE INFUSION PUMP CONFIGURATION

Generic Name	ketamine		
Displayed Name	ketamine (Ketalar)	Concentration	___ mg/250 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	mg/kg/h	0.1	3

Generic Name	labetalol		
Displayed Name	labetalol (Trandate)	Concentration	200 mg/200 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	mg/min	1	6

Generic Name	labetalol		
Displayed Name	labetalol (Trandate)	Concentration	___mg/250 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	mg/kg/h	0.4	3

Generic Name	lidocaine		
Displayed Name	lidocaine (Xylocaine)	Concentration	2000 mg/500 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	mg/min	1	4

Generic Name	lidocaine		
Displayed Name	lidocaine (Xylocaine)	Concentration	2000 mg/250 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	mg/min	1	4

Generic Name	mag sulfate		
Displayed Name	magnesium sulfate (Mag Sulfate)	Concentration	20 grams/500 mL
RULE	DOSING UNIT	LHL	UHL
Bolus Options	Advanced	n/a	n/a
Dose Rate	grams/h	1	3
Bolus Amount	grams	2	6
Max Bolus Amount	n/a	n/a	n/a
Bolus Rate	mL/h	100	300
Bolus Time	h:min	0:10	0:30

Generic Name	mag sulfate		
Displayed Name	magnesium sulfate (Mag Sulfate)	Concentration	40 grams/1000 mL
RULE	DOSING UNIT	LHL	UHL
Bolus Options	Advanced	n/a	n/a
Dose Rate	grams/h	1	3
Bolus Amount	grams	2	6
Max Bolus Amount	n/a	n/a	n/a
Bolus Rate	mL/h	100	300
Bolus Time	h:min	0:10	0:30

Generic Name	mag sulfate		
Displayed Name	magnesium sulfate (Mag Sulfate)	Concentration	10 grams/250 mL
RULE	DOSING UNIT	LHL	UHL
Bolus Options	Advanced	n/a	n/a
Dose Rate	grams/h	1	3
Bolus Amount	grams	2	6
Max Bolus Amount	n/a	n/a	n/a
Bolus Rate	mL/h	100	300
Bolus Time	h:min	0:10	0:30

Generic Name	mannitol 20%		
Displayed Name	mannitol (Osmitrol)	Concentration	100 grams/500 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	grams/h	1	199

Generic Name	midazolam		
Displayed Name	midazolam (Versed)	Concentration	100 mg/100 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	mg/h	0.5	20

Generic Name	midazolam		
Displayed Name	midazolam (Versed)	Concentration	50 mg/50 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	mg/h	0.5	20

Generic Name	milrinone		
Displayed Name	milrinone (Primacor)	Concentration	20 mg/100 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	mcg/kg/min	0.1	0.75

Generic Name	morphine		
Displayed Name	morphine sulfate (Morphine)	Concentration	50 mg/50 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	mg/h	0.5	20

Generic Name	morphine		
Displayed Name	morphine sulfate (Morphine)	Concentration	100 mg/100 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	mg/h	0.5	20

Generic Name	narcain		
Displayed Name	narcain (Naloxone)	Concentration	___mg/500 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	mg/h	0.1	10

Generic Name	narcain		
Displayed Name	narcain (Naloxone)	Concentration	___mg/250 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	mg/h	0.1	10

CCT-AD1 - SAPPHIRE INFUSION PUMP CONFIGURATION

Generic Name	nicardipine		
Displayed Name	nicardipine (Cardene)	Concentration	20 mg/200 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	mg/h	1	15

Generic Name	nicardipine		
Displayed Name	nicardipine (Cardene)	Concentration	25 mg/250 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	mg/h	1	15

Generic Name	nicardipine		
Displayed Name	nicardipine (Cardene)	Concentration	40 mg/200 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	mg/h	1	15

Generic Name	nitroglycerin		
Displayed Name	nitroGLYcerin (Tridil)	Concentration	50 mg/250 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	mcg/min	2.5	300

Generic Name	nitroglycerin		
Displayed Name	nitroGLYcerin (Tridil)	Concentration	25 mg/250 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	mcg/min	2.5	300

Generic Name	nitroglycerin		
Displayed Name	nitroGLYcerin Wt (Tridil Wt)	Concentration	___mg/250 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	mcg/kg/min	0.05	5

Generic Name	nitroprusside		
Displayed Name	nitroPRUsside (Nipride)	Concentration	50 mg/250 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	mcg/kg/min	0.1	10

Generic Name	norepi Wt		
Displayed Name	NORepinephrine wt (Levophed Wt)	Concentration	4 mg/250 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	mcg/kg/min	0.01	3

Generic Name	norepi Wt		
Displayed Name	NORepinephrine wt (Levophed Wt)	Concentration	8 mg/250 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	mcg/kg/min	0.01	3

Generic Name	norepi Wt		
Displayed Name	NORepinephrine wt (Levophed Wt)	Concentration	16 mg/250 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	mcg/kg/min	0.01	3

Generic Name	norepi Wt		
Displayed Name	NORepinephrine wt (Levophed Wt)	Concentration	___mg/250 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	mcg/kg/min	0.01	3

Generic Name	norepinephrine		
Displayed Name	NORepinephrine (Levophed)	Concentration	4 mg/250 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	mcg/min	0.25	30

Generic Name	norepinephrine		
Displayed Name	NORepinephrine (Levophed)	Concentration	8 mg/250 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	mcg/min	0.25	30

Generic Name	norepinephrine		
Displayed Name	NORepinephrine (Levophed)	Concentration	16 mg/250 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	mcg/min	0.25	30

Generic Name	octreotide		
Displayed Name	octreotide (Sandostatin)	Concentration	1000 mcg/250 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	mcg/h	25	50

Generic Name	oxytocin		
Displayed Name	oxytocin (Pitocin)	Concentration	___Units/1000 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	mUnits/min	2	42

Generic Name	pantoprazole		
Displayed Name	pantoprazole (Protonix)	Concentration	40 mg/50 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	mg/h	7	8

Generic Name	pantoprazole		
Displayed Name	pantoprazole (Protonix)	Concentration	80 mg/100 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	mg/h	7	8

Generic Name	phenylephrine		
Displayed Name	phenylephrine (Neosynephrine)	Concentration	10 mg/250 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	mcg/min	50	200

Generic Name	phenylephrine		
Displayed Name	phenylephrine (Neosynephrine)	Concentration	50 mg/250 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	mcg/min	50	200

CCT-AD1 - SAPPHIRE INFUSION PUMP CONFIGURATION

Generic Name	phenylephrine		
Displayed Name	phenylephrine (Neosynephrine)	Concentration	___mg/250 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	mcg/min	50	200

Generic Name	potassium chloride		
Displayed Name	potassium chloride (KCL Maintenance)	Concentration	___mEq/1000 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	mL/h	1	200

Generic Name	potassium chloride		
Displayed Name	potassium chloride (K Rider Peripheral)	Concentration	___mEq/100 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	mEq/h	1	10

Generic Name	potassium chloride		
Displayed Name	potassium chloride (K Rider Central)	Concentration	___mEq/100 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	mEq/h	1	40

Generic Name	procainamide		
Displayed Name	procainamide (Pronestyl)	Concentration	1000 mg/250 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	mg/min	1	6

Generic Name	procainamide		
Displayed Name	procainamide (Pronestyl)	Concentration	2000 mg/250 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	mg/min	1	6

Generic Name	propofol		
Displayed Name	propofol (Diprivan)	Concentration	500 mg/50 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	mcg/kg/min	5	100

Generic Name	propofol		
Displayed Name	propofol (Diprivan)	Concentration	1000 mg/100 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	mcg/kg/min	5	100

Generic Name	rocuronium		
Displayed Name	rocuronium (Zemuron)	Concentration	100 mg/100 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	mcg/kg/min	4	16

Generic Name	tirofiban		
Displayed Name	tirofiban (Aggrastat)	Concentration	12.5 mg/250 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	mcg/kg/min	0.075	0.15

Generic Name	tranexamic acid		
Displayed Name	tranexamic acid (TXA Bolus)	Concentration	1 gram/100 mL
RULE	DOSING UNIT	LHL	UHL
Bolus Options	Advanced	n/a	n/a
Dose Rate	grams/h	n/a	n/a
Bolus Amount	mL	99.9	100
Max Bolus Amount	n/a	n/a	n/a
Bolus Rate	mL/h	n/a	600
Bolus Time	h:min	0:10	0:11

Generic Name	vasopressin		
Displayed Name	vasopressin (Vasopstrict)	Concentration	40 Units/100 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	Units/min	0.01	0.1

Generic Name	vasopressin		
Displayed Name	vasopressin (Vasopstrict)	Concentration	100 Units/100 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	Units/min	0.01	0.1

Generic Name	vecuronium		
Displayed Name	vecuronium (Norcuron)	Concentration	100 mg/100 mL
RULE	DOSING UNIT	LHL	UHL
Dose Rate	mcg/kg/min	0.8	1.2

CCT-CS15 Sapphire Infusion Pump Tubing Selection

The Sapphire Infusion Pump is equipped to handle both “Full Set” (BP450-01) IV tubing which includes a spike for accessing medication containers and “Half Set” (AP416-01) IV tubing which does not. Selection of appropriate tubing is important to ensure the safe and accurate administration of a medication.

Full Set:

- Full set tubing shall be used as the default tubing for all fluids and medications administered with the Sapphire Infusion pump.

Half Set:

- Half set tubing may be used instead of Full Set tubing in the following situations:
 - When there is a small volume (less than or equal to 100 mL) of medication left to be infused upon arrival to patient (i.e. patient has already received most of the medication and small volume is remaining prior to transport).
 - When assuming care during an ongoing infusion of a medication where switching to a Full Set would result in loss of medication (i.e. in the discarded tubing) causing significant alteration of intended dosing or when re-spiking a medication bag or bottle is not possible. Examples include but are not limited to:
 - TPA
 - Propofol
 - Dexmedetomidine
 - Antibiotics - when remaining volume is less than or equal to 100 mL
 - When authorized via specific OLMC order.



MEDICAL CONTROL DIRECTIVE 2019-21

DATE: September 23, 2019

TO: Pinellas County EMS Agencies
Pinellas County Emergency Communications
Pinellas County Certified EMTs and Paramedics
Pinellas County Certified Advanced Practice Paramedics, Nurses
Pinellas County Online Medical Control Physicians
Pinellas County Ambulance Billing and Financial Services
Pinellas County EMS Receiving Hospitals

FROM: Dr. Angus Jameson, EMS Medical Director  for MD1

RE: Baker Act and Psychiatric Transport Documentation Requirements

EFFECTIVE DATE: **October 1, 2019 0800 hrs.**

- When transporting a patient under a Baker Act, the transporting Paramedic, EMT, or Mental Health Technician shall obtain a copy of the Baker Act (BA-52) form. This requirement applies regardless of the pickup location (i.e. scene, healthcare facility, jail, etc.) or the transport destination.
- Personal Enrichment through Mental Health Services (PEMHS) will begin filling out a new "PEMHS TRANSFER DATA CAPTURE FORM" for patient and client transports originating at PEMHS. See attached. This form is in addition to and does not replace the standard Ambulance Billing forms (i.e. the "Sunstar Physicians Certification Statement (PCS) Form").
- When transporting a patient or client from PEMHS, the transporting Paramedic, EMT, or Mental Health Technician shall obtain a copy of the "PEMHS TRANSFER DATA CAPTURE FORM." This requirement shall not apply if obtaining the form will cause a delay in treatment or transport of a CATEGORY **RED** patient.
- The Paramedic, EMT, or Mental Health Technician shall turn in all Baker Act (BA-52) and "PEHMS TRANSFER DATA CAPTURE FORMS" at their end of shift. Forms obtained during FD Transports shall be returned to EMS and Fire Administration.



PEMHS TRANSFER DATA CAPTURE FORM

IMPORTANT: This form does not replace the Sunstar Physician's Certification Statement – the PCS Form is still required.

BASE INFORMATION

Date of Service (MM/DD/YYYY):

Name (Last, First):

Veteran: Yes No

Date of Birth (MM/DD/YYYY):

PEMHS MRN:

DETAILS

Primary Diagnosis:

Secondary Diagnosis:

Destination/Reason:

Mode of Arrival at PEMHS:

EMS Access Method:

Legal Status:

Treatment Provided by PEHMS Prior to Transfer:

Medical

Anti-psychotic

Sedative

Other psychiatric

Primary Reason for Transfer (Select one):

Secondary Reason for Transfer (Select all that apply):

Bed availability

Patient preference

Insurance/funding source

Requires treatment beyond PEHMS scope

Level of Care During Transport Requested: