

POLICY: 552.67  
TITLE: Optional Scope, Calcium Channel Blocker Infusion for IFT

EFFECTIVE: 2/1/2026  
REVIEW: 2/2028  
SUPERCEDES:

APPROVAL SIGNATURES ON FILE IN EMS OFFICE

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**OPTIONAL SCOPE CALCIUM CHANNEL BLOCKERS FOR IFT**

- I. AUTHORITY: Health and Safety Code, Division 2.5, Section 1797.220, California Code of Regulations, Title 22, Division 9.
- II. DEFINITIONS:
  - A. **Approved Training** means indications, contraindications, actions, adverse effects, appropriate documentation with both written and skills testing required demonstrating basic competency in administration of medication.
  - B. **Calcium Channel Blockers (CCB)** means medications to include, but are not limited to, Cardizem, Nicardipine, Nifedipine, Clevidipine.
  - C. **Local Optional Scope of Practice (LOSOP)** means the ability to perform or monitor other procedure(s) or administer any other medication(s) determined to be appropriate for paramedic use by the medical director of the LEMSA, that have been approved by California EMSA.
- III. PURPOSE

To authorize Paramedics to provide monitoring and titration of Calcium Channel Blocker medication infusions during interfacility transports.
- IV. POLICY
  - A. Only those paramedics who have successfully completed the approved training by the Mountain Counties EMS Agency Medical Director will be permitted to provide the service of monitoring the LOSOP medications.
  - B. Only those ALS ambulance providers approved by the Mountain Counties EMS Agency will be permitted to provide the service of administering and /or monitoring of LOSOP medications.
- V. PROCEDURE
  - A. Candidates for paramedic transport will have pre-existing medication infusion of approved LOSOP CCB in peripheral IV lines initiated a minimum of 10 minutes prior to transport.
  - B. Paramedic may **NOT** initiate CCB LOSOP medication infusions.
  - C. Paramedic shall receive the transferring orders from the transferring physician prior to

leaving the sending hospital. Included in the transfer orders shall be a telephone number where the transferring and/or base hospital physician can be reached during transport. Transferring physicians must be aware of the general scope of practice of paramedics.

- D. Paramedics are permitted to monitor and adjust infusions as indicated by transferring base hospital physician. Written orders **MUST INCLUDE** the infusion rate on transfer paperwork.
- E. All patients will be maintained and monitored via cardiac monitor and non-invasive blood pressure monitor.
  - 1. Vital signs will be monitored and documented every five (5) to fifteen (15) minutes as specified by transferring physician order and immediately if there is any change in patient status.
- F. Regulation of infusion rate will be within the parameters defined by the transferring physician.
  - 1. Infusions must be run through an IV pump or Volutrol.
  - 2. No other product may be infused in the same IV during administration.
  - 3. After infusion is completed, flush the line with NS.
- G. Discontinue and notify base physician if allergic reaction or anaphylaxis occur. Treat allergic reaction/anaphylaxis per Treatment Guidelines.

VI. CONTINUOUS QUALITY IMPROVEMENT

- A. All calls will be audited by the provider agency QI process. Audits will assess compliance with MCEMSA policies, including base hospital contact in emergency situations. Reports will be sent to MCEMSA as requested.