

CENTRAL CALIFORNIA
EMERGENCY MEDICAL SERVICES
A Division of the Fresno County Department of Public Health

Manual	Emergency Medical Services Administrative Policies and Procedures	Policy Number 540.22
Subject	Critical Care Paramedic Treatment Protocols EPINEPHRINE INFUSION	Page 1 of 2
References	California Code of Regulations Title 22, Division 9, Chapter 3.3	Effective 9/1/2025

I. PURPOSE

To authorize CCPs to initiate, monitor, and adjust intravenous epinephrine infusions during scheduled interfacility transport.

II. POLICY

- A. Only authorized CCPs will be permitted to monitor and adjust epinephrine infusions during scheduled interfacility transports.
- B. CCPs may initiate epinephrine infusions if indicated per CCEMSA paramedic protocols or on base hospital physician order.

III. PROCEDURE

- A. The following parameters shall apply to all patients with pre-existing epinephrine infusions:
 - 1. Infusion rates shall be consistent with Policy 540 Attachment A - CCEMSA CCP Transfer Form.
 - 2. Regulation of the infusion rate will occur within the parameters defined by the transferring physician or base hospital physician.
 - 3. In cases of severe hypertension, the infusion will be titrated down and, if necessary, discontinued. The transferring physician or base hospital physician should be notified.
- B. The following parameters shall apply to patients in which an epinephrine infusion is being initiated:
 - 1. Base Hospital Physician contact should be made prior to initiation of an epinephrine drip.
 - 2. Initiation of an epinephrine infusion should be considered in patients with hypotensive shock after ensuring adequate ventilation, oxygenation, and volume repletion.
 - 3. Initiate epinephrine infusion at 0.05 mcg/kg/min and titrate by 0.05 mcg/kg/min every 5 minutes to achieve a MAP greater than 65 mmHg. Typical dose range is 0.05 - 0.5 mcg/kg/min or 2-10 mcg/min. Max dose is 0.5 mcg/kg/min.
- C. If medication administration is interrupted (infiltration, accidental disconnection, malfunctioning pump, etc.), the CCP may restart the line.

Approved By	Daniel J. Lynch (Signature on File at EMS Agency)	Revision
EMS Director		09/01/2025
EMS Medical Director	Miranda Lewis, MD (Signature on File at EMS Agency)	

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- D. A non-invasive blood pressure monitoring device that will provide accurate blood pressure readings every 5 minutes will be utilized. The CCP is required to document blood pressure readings every 15 minutes unless there are changes in patient condition or the infusion rate is adjusted.
- E. Signed transfer orders from the transferring physician must be obtained prior to transport. Transfer orders must provide for maintaining the epinephrine infusion during transport, and the circumstances under which the rate will be maintained or the infusion discontinued.