

Montgomery County Fire and Rescue Service Division of Operations Emergency Medical and Integrated Healthcare Services

Office of Medical Oversight Clinical Practice Guideline

Title:	IV/Infraina Duma	Number	2025 00
Date:	IV Infusion Pump	Number:	2025-08
	August 6 th , 2025		
Issued by:	Roger M. Stone MD, MS – MCFRS Medical Director		
Purpose:	To provide direction that incorporates the IV infusion pump as a standard practice		
Target Patient Population:	This CPG replaces and rescinds CPG 2024-04 Any patient requiring medication or fluid by IV bolus or infusion		
Guideline:	 The medication formulary for MCFRS has become robust yet complex given recent advances in EMS medicine. The use of IV infusion pumps increases patient safety by delivering fluids and medications at the right dose and rate while providing an opportunity to add new medications to the formulary that require an infusion pump for administration. Procedure Boluses and or infusions of the referenced Medications List must be administered via infusion pump, except when an IV infusion pump, IV infusion pump tubing, or the necessary medication format is not available:		