

Interfacility Transport EMCT Protocols

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Interfacility Transport Protocol

Purpose

To ensure the patient will receive the most appropriate care possible for their condition and be in compliance with Arizona Administrative Codes and TMC Base Hospital Protocols for interfacility transfers on a non-emergent/emergent basis.

Recognition

Patients undergoing interfacility transport should be classified and aligned with transport resources appropriate for their needs. The transferring physician is responsible for ensuring the patient is aligned with appropriate transport personnel and technology resources. If the EMCT is in doubt, they should contact the Medical Direction Authority (a Base Hospital) they are transporting patient to for further direction.

The following classification should be utilized:

1. A patient who is clearly and completely stable with a minimal potential to decompensate during transport. Example: a patient with no IV who being transported for diagnostic testing. Patient may have a device in place, but device must be locked and clamped, not require any maintenance and not be actively running. Such inactive devices may include, but are not limited to, IVs, nasogastric tubes, feeding tubes, PICCU lines, bladder irrigation and wound vacs (wound vacs that are self-contained, gravity draining or battery powered can be transported by BLS providers).
2. A stable patient as above with IV fluids infusing without additive medications. Example: a patient with maintenance IV fluids running.
3. A patient who has been stabilized as much as possible, but may become less stable during transport. Patient has no medications or technology beyond the scope of practice of the Paramedic. Example: a cardiac patient with heparin and IV nitroglycerin infusing.
4. A patient with an acute injury or illness who may become unstable during transport and requires medications or technology within the scope of practice of a Paramedic. Example: a patient receiving critical care drips approved by Base Hospital Medical Direction.
5. A patient with an acute injury or illness who may become unstable during transport and requires medications or technology not within the scope of practice of the Paramedic in attendance and/or may develop complications requiring interventions beyond the scope of practice of the Paramedic provider in attendance. Example: a patient receiving 2 or more vasopressors and who is receiving aortic counterpulsation therapy with and intra-aortic balloon pump.

The following details appropriate transport resources:

Table		
Class	Staffing	Level
1.	EMT or Paramedic	BLS
2.	EMT or Paramedic	BLS
3.	Paramedic	ALS
4.	Paramedic Critical Care	ALS
5.	MD, NP, RN, Flight Team	ALS



General Principles of Care and Medical Direction

1. Under no circumstances shall an EMCT function beyond, or potentially beyond the scope of their training and level of certification. The scope of practice for all EMTs is limited to the levels of certification and training level of the ambulance service by which they are employed.
2. When providing interfacility transports, the EMCT will have medical direction through their Administrative Base Hospital Authority (TMC Medical Director). The Medical Director's name will be written in Patient Care Reports (PCR)/Electronic Patient Care Reports (ePCR) as such.
3. All Interfacility Guidelines and Protocols will be followed for patient care.
4. All current adult, pediatric and procedural protocols (not AO/SO unless in specific guideline) used by crews to treat patients in the field will apply to Interfacility Transports if applicable to patient's condition/situation. In addition, advanced protocols, specific for critical care patients, may apply and be used by the critical care transport team members who are qualified and familiar with the procedures listed.
5. Medical Direction Authority (a Base Hospital) may be contacted at any step in patient care. EMS providers should contact medical direction authority (a base hospital), if a patient's condition is unusual and is not covered by a specific guideline, if a patient's presentation is atypical and the guideline treatment may not be the best treatment for the patient or in any situation where the EMS provider is not sure about the best treatment for the patient.
6. If at any time a member feels a protocol/patient is beyond their skill level or comfort level, **DO NOT PROCEED WITH THE TRANSPORT**, instead, contact medical authority and/or your supervisor to discuss your concern.
7. Consider additional personnel (such as a second paramedic or EMT) because of types of drugs/devices that are require for patient.



EMT Interfacility Transport Guidelines

Patient BLS Transfer Procedure

Once a BLS transport has been deemed appropriate per the Interfacility Transport Protocol, the EMT upon arrival at the transferring facility will:

1. **All Patients – Prior to accepting care of patient at sending facility:**
 - Utilize appropriate isolation/universal precautions
 - Perform initial patient assessment (form a general impression of the patient; assess for immediate life-threatening problems or instability; assess responsiveness, airway, breathing, and circulation)
 - Obtain transfer information from sending facility. This is to include but is not limited to:
 - Bedside report from current rendering provider
 - Transfer papers (summary, appropriate clinical and diagnostic data including vital sign trends, laboratory data, diagnostic study/reports)
 - Beware of appropriate clinical information on patient. (e.g. vital sign trends, diagnostic study/reports)
 - EMT's are able to transport agents per TMC Policy- Table 5.3 during Interfacility transports.
 - Electrolytes/crystalloids (Commercial Preparations) without pump and Dextrose, 5% in H₂O, Normal Saline and Lactated Ringers without pump
2. EMS personnel shall establish contact with the receiving facility to ensure patient has an accepting physician, room placement and report given **prior** to leaving with the patient.
3. The report should include, at a minimum, the following information:
 - Names of transferring and receiving facilities
 - Patient's diagnosis
 - Reason(s) for transfer
 - Brief history of present illness, any intervention(s) or medications which has occurred to date
 - Pertinent physical findings
 - Vital signs, including blood glucose reading (recent), temperatures, pain scale
 - Current IV infusion with rate
 - Any treatment being performed (e.g. oxygen)
4. Medical Direction for transport will be TMC Administrative Medical Director per Interfacility Transport Protocol. No Administrative/Standing Order will be followed unless given direction to follow by a Medical Direction Authority.
5. Medical Direction Authority (Base Hospital) may be contacted at any step in patient care. EMS providers should contact Medical Direction Authority (Base Hospital) if:
 - A patient's condition is unusual and/or possible meets ALS transfer criteria
 - Presentation is atypical and guideline treatment may not be the best treatment for the patient
 - Any situation where the EMS provider is not sure about the best treatment for the patient
6. All Patients- during interfacility transport of patient:
 - Continued assessment and documentation of all vital signs at least every 30 minutes, if patient has a change of status every 5-15 minutes from initiation of care to transfer of care at the receiving facility.
 - Performance parameters will include but are not limited to appropriate vital signs, assessment and documentation, and medical direction contact.



Patient ALS Transfer Procedure

Once an ALS transport has been deemed appropriate per the Interfacility Transport Protocol, the Paramedic upon arrival at the transferring facility will:

1. **All Patients – Prior to accepting care of patient at sending facility:**
 - Utilize appropriate isolation/universal precautions
 - Perform initial patient assessment (form a general impression of the patient; assess for immediate life-threatening problems or instability; assess responsiveness, airway and breathing, and circulation)
 - Obtain transfer information from sending facility. This is to include but is not limited to:
 - Bedside report from current rendering provider
 - Review of appropriate clinical and diagnostic data (summary, appropriate clinical and diagnostic data including vital sign trends, laboratory data, diagnostic study/reports)
 - Review and confirm all interventions intended to be continued during transport (e.g. medications, procedures, interventions).
2. EMS personnel shall establish contact with the receiving facility to ensure patient has an accepting physician, room placement and report given **prior** to leaving with the patient.
3. Contact with the receiving facility should include, at a minimum, the following:
 - Names of transferring and receiving facilities
 - Patient's diagnosis
 - Reason(s) for transfer
 - Brief history of present illness, any intervention(s) or medications which has occurred to date
 - Pertinent physical findings
 - Vital signs, including blood glucose reading (recent), temperatures, pain scale
 - Current IV infusion with rate patients are receiving per TMC Table 5.3
 - Patients receiving IV medications per TMC Table 5.3 and on a pump will have the concentration written on label, and drip rate will be cleared with receiving facility prior to leaving with the patient.
 - Any treatment being performed (e.g. oxygen)
 - Ask for any additional orders anticipated
4. Medical Direction for transport will be TMC Administrative Medical Director per Interfacility Transport Protocol. No Administrative/Standing Order will be followed unless listed in guideline and/or given direction to follow by a Medical Direction Authority.
 - Approved SO/AO **without** contacting Medical Direction:
 - **Nausea Vomiting AO**
 - **Pain Management AO**
5. Medical Direction Authority (Base Hospital) may be contacted at any step in patient care. EMS providers should contact Medical Direction Authority (Base Hospital) if:
 - A patient's condition is unusual and/or possible meets ALS transfer criteria
 - Presentation is atypical and guideline treatment may not be the best treatment for the patient
 - Any situation where the EMS provider is not sure about the best treatment for the patient
6. All Patients- during interfacility transport of patient:
 - Patients will have continuous cardiac monitoring and oxygen saturation
 - Continued assessment and documentation of all vital signs at least every 30 minutes until care is transferred to receiving facility. If patient has a change of status, all vital



Paramedic Interfacility Transport Guidelines

- signs should be assessed and documented every 5-15 minutes from initiation of care to transfer of care at the receiving facility.
- Performance parameters will include but not limited to appropriate vital signs, assessment and documentation, and medical direction contact.



Critical Care Paramedic Interfacility Transport Guidelines

Purpose

TMC Base Hospital recognizes the need to transport critically ill and injured patients from outlying hospitals to larger tertiary care centers. Some patients will require additional skills and procedures that paramedics do not normally perform for stabilization during or prior to transports. Some patients will require administration or maintenance of medications not normally carried by ALS vehicles. This will outline the additional skills, procedures and medications.

Definition

Patient transports will be considered “Critical Care Transports” when:

1. The patient’s vital signs or neurological signs are unstable and require monitoring more frequently than every 30 minutes.
2. The patient has an endotracheal tube, king airway, combi-tube and /or require mechanical ventilation.
3. The patient has a chest tube.
4. The patient is receiving IV medications which require the use of a pump to control the rate per TMC Table 5.3.
5. The patient required the administration of IV sedation en route.
6. The patient has received any thrombolytic therapy within the last 24 hours.
7. The patient’s condition could deteriorate en route and possible requiring contact with Medical Direction Authority for interventions (e.g. MFI).
8. The patient is a high risk OB patient (hypertension, pre-eclampsia, premature labor) and receiving IV medication treatment for this.
9. The patient has burns requiring transfer to a burn center.
10. The patient has sustained multiple traumas and requires transfer for definitive care.
11. The patient requires the administration of blood.

Patient Critical Care Transfer Procedure

Once an ALS transport has been deemed appropriate per the Interfacility Transport Protocol, the Paramedic upon arrival at the transferring facility will:

1. **All Patients – Prior to accepting care of patient at sending facility:**
 - Utilize appropriate body substance isolation/universal precautions
 - Perform initial patient assessment (form a general impression of the patient; assess for immediate life-threatening problems or instability; assess responsiveness, airway and breathing, and circulation)
 - Obtain transfer information from sending facility. This is to include but is not limited to:
 - Bedside report from current rendering provider
 - Review of appropriate clinical and diagnostic data (summary, appropriate clinical and diagnostic data such as vital sign trends, laboratory data, diagnostic study/reports
 - Review and confirm all interventions intended to be continued during transport (e.g. medications, procedures, interventions).
2. EMS personnel shall establish contact with the receiving facility to ensure patient has an accepting physician, room placement and report given **prior** to leaving with the patient.
3. Contact with the receiving facility should include, at a minimum, the following:
 - Names of transferring and receiving facilities
 - Patient’s diagnosis
 - Reason(s) for transfer



Critical Care Paramedic Interfacility Transport Guidelines

- Brief history of present illness, any intervention(s) or medications which has occurred to date
 - Pertinent physical findings
 - Vital signs, including blood glucose reading (recent), temperatures, pain scale
 - Current IV infusion with rate and/or drips patients are receiving per TMC Table 5.3
 - Patients receiving IV medications per TMC Table 5.3 and on a pump will have the concentration written on label, and drip rate will be cleared with receiving facility prior to leaving with the patient.
 - Any treatment being performed (e.g. oxygen)
4. Medical Direction for transport will be TMC Administrative Medical Director per Interfacility Transport Protocol. No Administrative/Standing Order will be followed unless listed in guideline and/or given direction to follow by a Medical Direction Authority.
 5. Medical Direction Authority (a Base Hospital) may be contacted at any step in patient care. EMS providers should contact medical direction authority (a base hospital), if a patient's condition is unusual and is not covered by a specific guideline, if a patient's presentation is atypical and the guideline treatment may not be the best treatment for the patient or in any situation where the EMS provider is not sure about the best treatment for the patient.
 6. All Patients- during interfacility transport of patient:
 - Patients will have continuous cardiac monitoring and oxygen saturation
 - Continued assessment and documentation of all vital signs at least every 30 minutes, if patient has change of status every 5-15 minutes from initiation of care to transfer of care at the receiving facility.
 - See specific guidelines for assessment and documentation criteria
 - Performance parameters will include but not limited to appropriate vital signs, assessment and documentation, and medical direction contact

