

INTERFACILITY GROUND TRANSFERS

INTRODUCTION

The transfer of patients between facilities is a fundamental component of the health care system. It allows access to various levels of care (emergent, critical, and specialty) for individuals and communities that may not otherwise receive such care. Transfers occur with the expectation that the reasonably anticipated risks and complications en route shall be non-existent to minimal, but may be adequately handled by transport team personnel.

TRANSFERRING PHYSICIAN/FACILITY RESPONSIBILITIES

1. Stabilizing the patient within the capacity of the facility.
2. Performing a risk/benefit analysis of transfer.
3. determining the mode of transfer based on pt acuity, distance and weather conditions in consultation with the receiving facility physician.
4. Determining the medical needs of the patient during transfer and the medical qualifications/level of the personnel required to meet that need.
5. Recognizing and respecting the limitations of the provider's scope of practice, which means:
 - a. Not requiring a higher level of care from these personnel than is defined by their scope
 - b. Recognizing the need for specialty transport services
6. Determining the credentials and capabilities of any personnel provided by the facility for transport.
7. Insuring on-line medical control is readily available by voice within 3 minutes.

MODES AND LEVELS OF RESPONSE:

1. The mode of response will be determined by the attending physician at the facility. The physician can request one of three modes:
 - A. Emergency Response = If a patient at a health facility has an emergency medical condition which needs to be evaluated or stabilized by a physician at the receiving hospital in a rapid manor.
 - B. Urgent Response = Request from a health facility for transport of a patient who has, or is perceived to have, a stabilized medical condition which is urgent, but not an emergency.
 - C. Non-emergency Response = A request for transport of a patient who does not have, or is not perceived to have, an emergency or urgent condition.
2. The level of response will be determined by the attending physician at the facility. The physician can request one of four levels:
 - A. EMT-Basic
 - B. Intermediate Tech
 - C. EMT-Intermediate
 - D. EMT-Paramedic

The health facility can contact the ambulance for a transport by calling the non-emergency line to the dispatch center. The health facility can notify the dispatch center the level of response required for the transport.

BASIC LIFE SUPPORT (BLS): *A ground ambulance transfer of a patient who requires skills and treatments modalities that do not exceed the River Falls Ambulance scope of practice for the EMT-Basic or Intermediate Tech*

1. Lead on-call EMT shall contact the hospital if there is any discrepancy in the BLS interfacility page.
2. Once at the hospital, obtain a verbal patient report from an appropriate hospital staff member, including:
 - A. Age and sex of the patient
 - B. Diagnosis
 - C. Reason for transfer
 - D. The patients level of consciousness
 - E. Last set of vitals
 - F. Brief history and hospital patient assessment.
3. After patient assessment and the patient is not appropriate for an EMT-Basic transport contact dispatch to page out appropriate personnel to respond.
4. Receive the patient's record, PCS form and permission for transfer from the transferring facility.
5. Obtain and document a set of vitals prior to leaving the facility. If unable to obtain vital signs, document why they are unobtainable.
6. Obtain medical control information from physician and know which physician will assume medical control duties during transport. (Transferring physician vs receiving physician)
7. Document the patient's condition during transport. If patient's condition deteriorates or a significant change, consider ALS intercept or diverting to the closest hospital.
8. Call in report to the appropriate receiving hospital.

EMT-Basic Transfer Criteria:

1. Minimum of 2 EMT-Basics or 1 EMT-Basic and 1 EMT-Basic trainee with a state training permit on all transfers. The EMT-Basic must be with patient.
2. Patient care may be performed up to the River Falls Ambulance EMT-Basic guidelines.
3. Patients with saline or heparin locks in place may be transported.
4. EMT-Basic's may not transport any patient needing IV fluid.

Intermediate Tech Transfer Criteria:

1. Minimum of 1 Intermediate Tech and 1 EMT-Basic or EMT-Basic trainee with training permit on all transfers. The Intermediate Tech must be with the patient.
2. Patient care may be performed up to the River Falls Ambulance Intermediate Tech guidelines.
3. Stable patients with IV of Normal Saline (NS), Lactated Ringers (LR) and Dextrose 5% (D5W).
4. Intermediate Tech's may not transport any patient with IV drip medications.

ADVANCED LIFE SUPPORT (ALS) TRANSPORT: *A ground ambulance transport of a patient who requires or may require skills or treatments modalities that do not exceed the scope of the River Falls Ambulance Intermediate 99 or Paramedic scope of practice.*

1. Lead on-call EMT-Paramedic, RN or EMT-Intermediate shall contact the hospital if there is

- any discrepancy in the ALS interfacility page.
2. The Lead Intermediate/Paramedic will obtain a verbal report from the hospital staff.
 - A. Age and sex of the patient
 - B. Diagnosis
 - C. Reason for transfer
 - D. Any advanced procedures done
 - E. Document any pump medication orders
 - F. Level of consciousness and last set of vitals
 - G. Brief history and hospital patient assessment
 3. All other steps will follow BLS.

EMT-Intermediate Transport Criteria:

1. Minimum of 1 EMT-Intermediate 99 and either 1 EMT-Basic or Intermediate Tech on all Intermediate transfers. The Intermediate 99 must be with the patient.
2. Patients care may be performed up to River Falls Ambulance EMT-Intermediate 99 guidelines, including:
 - A. Cardiac monitoring, pacing or cardioversion.
 - B. ACLS medications: Epinephrine, Lidocaine, Atropine, Vasopressin, Amiodarone, Adenosine, Nitro SL spray, Morphine and Lasix.
 - C. Patients requiring pain management with morphine.
 - D. Seizure patients requiring Valium or Ativan.
 - E. Intubated patients.
 - F. Trauma patients with patient secured airway.
 - G. Patients from a hospital to receiving facility or home with a Patient Controlled Analgesia with morphine (PCA) in place.
 - H. Maintenance drips including NS with potassium chloride. (Note: cannot take runs of potassium)

EMT-Paramedic Transport Criteria:

1. Minimum of 1 EMT-Paramedic or approved 911 RN with the patient and an EMT-Basic driver or minimum of 1 Intermediate 99 and an Interfacility RN with the patient and EMT-Basic Driver.

***Note:** Approved 911 RNs may function using all River Falls Ambulance Service Paramedic service guidelines.*

***Note:** Interfacility RNs (I-RN) may function using all River Falls Ambulance Paramedic/RN protocols with the exception of: ET intubation, surgical needle airway, pericardiocentesis, Adult IO and chest decompression. These skills are not allowed for I-RN's.*
2. Patient care may be performed up to River Falls Ambulance Paramedic/RN guidelines.
3. Paramedic/RN personnel will confirm and document the physician orders for any ongoing treatments for medication pump infusion.
4. Patients requiring medication pump infusions including, but not limited to:
 - A. Nitroglycerine
 - B. Heparin
 - C. Procaninamide
 - D. Mannitol
 - E. GP Iib/Iia Receptor Inhibitors
 - i. *Aggrastat (tirofiban)*

- ii. *Integrillin (eptifibatide)*
 - iii. *Reopro (abciximab)*
 - F. Steroids
 - G. Amiodarone
 - H. Cardizem
 - I. Aminophylline
 - J. Dobutamine
 - K. Antibiotics
 - L. Insuline (Regular)
 - M. Potassium
 - N. Dopamine
 - O. Epinephrine
 - P. Sedatives
 - Q. Opiates
 - R. Lidocaine
 - S. Sodium Bicarbonate
 - T. Vassopression
 - U. Esmolol
 - V. Cystoids
 - W. Beta Blockers
 - i. *Atenolol*
 - ii. *Metoprolol*
5. Patients requiring pain management in addition to morphine.
 6. Intubated/RSI patients requiring paralyzation or possible paralyzation with vecaronium or succinylcholine. **Note:** 2 Paramedics or 1 Paramedic with an approved RN must be present with the patient for initial paralyzation and intubation. Only one Paramedic is required for maintenance/reparalyzation doses to keep patient sedated.
 7. Ventilator assisted patients
 8. Patients requiring tracheostomy care.
 9. Patients receiving blood transfusion:
 - A. **Confirm** the order for blood transfusion.
 - B. **ONLY** accept a blood transfusion that has already been started by the originating facility
 - C. Make sure the patient is wearing an ID bracelet with his/her name and hospital ID number from the hospital or origin.
 - D. **Confirm** the patients name and ID number on the bracelet match those on the unit of blood, and verify the patient's identity with the nurse.
 - E. Verify that the unit of blood has not been issued for more than four hours.
 - F. If more than one unit is to be transfused, all of the units should be hung by the nurse at the originating facility. Paramedics **MAY NOT** initiate any units for transfusion.
 - G. Assesses and confirms the patency of the transfusion site prior to leaving the hospital. If the site becomes red and shows signs of infiltration during transport, the RN should start a new IV as soon as possible. This IV should be large bore (at least 18 gauge). The blood may be restarted using this new IV for the transfusion. **Note:** Only RN's may restart blood. Paramedics are only allowed to discontinue the blood.
 - H. EMT-Paramedic or RN must watch and react for, hemolytic, allergic, circulatory overload. The blood transfusion must be stopped if the patient develops any of the

following:

- i. Flushing of the torso or itching
 - ii. Shortness of breath or chest pain
 - iii. Sudden unexplained pain to the neck, chest or back
 - iv. Hives or rash
 - v. Pulmonary edema
 - vi. Shaking or chills
 - vii. Signs and symptoms of shock
- I. For any of these signs or symptoms listed above, The EMT-Paramedic or RN must:
- i. Stop the transfusion and run normal saline at 200cc/hr
 - ii. Establish another IV
 - iii. Treat the patient for shock
 - iv. Contact medical control to administer *Epinephrine 1:1000 0.3-0.5 mg SQ or Diphenhydramine 50 mg IV or IM.*
- E. Under no condition may the EMT-Paramedic restart the blood transfusion

SPECIAL NOTES

1. This guideline recognizes that even with anticipation of patient needs during transport, situations will arise that cannot be foreseen. In this event, transport personnel are to initiate care based upon the guidelines of the 911 provider while seeking consultation with on-line medical control and/or requesting an appropriate level intercept or diverting to an appropriate facility.
2. Interfacility transports shall not compromise the local 911/EMS resources of the community. It is the responsibility of River Falls Ambulance personnel to determine whether adequate resources are available to maintain appropriate paramedic coverage to their community before committing to the transport. Ambulances from other areas may be called to stand by if adequate equipment and personnel are available from River Falls to maintain the paramedic level.
3. The service's medical director will act as the default on-line medical control in the event the transferring or receiving physician is not capable of providing such service.



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