



**INTERHOSPITAL EMERGENCY PATIENT
TRANSFER GUIDELINES**



I. AUTHORITY:

Health and Safety Code, Division 2.5, Sections 1797.220, 1798, 1798.170, and 1798.172.

II. APPLICATION:

Guidelines for the immediate transport of a patient who is critically ill or unstable from a paramedic receiving center (PRC) to a specialty care center capable of treating the patient.

III. DEFINITIONS:

"911 Transfer" means a transfer utilizing 911 emergency paramedic escort of a patient with a life-threatening condition(s) where the patient's condition may measurably deteriorate by delay in transfer, as determined by the transferring physician.

"Immediate Re-triage (Call-Continuation)" means that the retriaging PRC physician has determined that an emergency medical technician-paramedic (EMT-P) escorted critical patient requires the specialty capabilities of a designated specialty center and that the EMT-Ps are still on the premises, and that the retriaging physician may request that those EMT-Ps immediately transport the patient to the appropriate OCEMS designated specialty receiving center.

IV. GUIDELINES:

1. An emergent patient may be transferred by one of the following transport modalities that is most appropriate, as determined by the transferring physician:
 - A. Critical care ambulance staffed with a registered nurse and other staff as required.
 - B. Licensed air ambulance.
 - C. Basic life support ambulance, with registered nurse and/or appropriate support personnel from the transferring facility, if necessary.
 - D. Paramedic-escorted transport (immediate retriage "call-continuation," and 911 transfer).
 - Physicians should reserve 911 transfers for a patient whose condition is likely to deteriorate while waiting for other transportation modalities.
2. Any of the above transport modalities should have appropriate staff, equipment and medications to provide for the patient's anticipated needs during the transfer.
3. Hospital staff shall make every effort to have the patient prepared for transport upon the arrival of the transporting unit. Copies of all documents, x-rays and laboratory data shall be available for transfer with the patient, or may be faxed or sent by courier to the specialty center to avoid transport delay.
4. All trauma patients shall be transported to the nearest appropriate paramedic trauma receiving center. Destination of non-trauma patient transfers for higher level of care shall be determined by the transferring physician.

Approved:

P/P: 670.10

Implementation Date: June 23, 2006



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5. Sending Hospital Responsibilities

- A. The decisions on the need for emergent transport, destination, and mode of transport are those of the transferring physician. The base hospital (BH) physician may be consulted by the transferring physician on EMS system issues for patients transported via the 911 system.
- B. The transferring physician shall notify the receiving trauma center of the immediate re-triage of a trauma patient, and communicate the patient's apparent injuries or reason for re-triage. For all other patients, the transferring physician will obtain acceptance of the patient.

6. Specialty / Receiving Hospital Responsibilities

- A. OCEMS designated specialty care centers shall have a physician immediately available to respond to transfer requests who has the authority at the facility to accept patients with life-threatening conditions. This physician may be a qualified emergency physician, trauma surgeon, or other qualified specialist. The specialty care center shall document the timeliness of the physician response to transfer requests.

7. 911 Responder Responsibilities

- A. Paramedics shall contact their BH to advise them of the emergent transfer and provide at least an abbreviated report.
- B. Paramedics shall complete a Prehospital Care Record (PCR). The Orange County Emergency Medical Services Interfacility Transport Supplemental Report (see attachment) should be used for patients who are intubated, have blood / blood products infusing, or have received a neuromuscular blocking agent (NMBA). If other medications or IV infusions that are outside the paramedic scope of practice are infusing, the BH should be consulted. The sending hospital may consider sending an RN or other appropriate hospital staff to monitor those treatments which are not included in the paramedic scope of practice.

V. QUALITY IMPROVEMENT MONITORING

- 1. The sending hospital shall be responsible to notify OCEMS of all 911 transfers within 24 hours using the approved notification form.
- 2. The BH shall advise OCEMS of all 911 transfers and call-continuations. This shall be submitted within 45 days of the end of the month.

Italicized Text Identifies Quotations From An Authority Outside OCEMS.



Orange County Emergency Medical Services Interfacility Transport Supplemental Report

INCIDENT NUMBER

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PAGE

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NAME	AGE	BLS	BH	YEAR	MONTH	DAY	RUN	PT
		ALS	□	□ □	□ □	□ □	□ □	□ □

Procedure:

1. Gather all medical documentation including reason for transport, X-rays, MD and RN notes.
2. Complete sections below as applicable.
3. If patient is on IV drips, RN must accompany. (*Except for blood products and dopamine.*)
4. Consult base hospital PRIOR to leaving facility.
5. Complete pre-hospital care report.

TRANSFERRING FACILITY		RECEIVING FACILITY	
Hospital	Sending Physician	Hospital	Receiving Physician

PARALYTICS	NMBA & Dose: _____	Sedative & Dose: _____
	NMBA Duration: _____	Sedative Duration: _____
	Time Last Given: _____	Time Last Given: _____

ET INTUBATION	TIME	ET CONFIRMATION		
	PCT	<input type="checkbox"/> = Lung sounds <input type="checkbox"/> = Rise/Fall <input type="checkbox"/> CM @ teeth _____	<input type="checkbox"/> Absent abd sounds <input type="checkbox"/> Tube fogging <input type="checkbox"/> Good bag compliance	<input type="checkbox"/> EDD = Trachea <input type="checkbox"/> Pulse OX _____ <input type="checkbox"/> CO2 detector
	902-H	<input type="checkbox"/> = Lung sounds <input type="checkbox"/> = Rise/Fall <input type="checkbox"/> CM @ teeth _____	<input type="checkbox"/> Absent abd sounds <input type="checkbox"/> Tube fogging <input type="checkbox"/> Good bag compliance	<input type="checkbox"/> EDD = Trachea <input type="checkbox"/> Pulse OX _____ <input type="checkbox"/> CO2 detector
	At Hosp	<input type="checkbox"/> = Lung sounds <input type="checkbox"/> = Rise/Fall <input type="checkbox"/> CM @ teeth _____	<input type="checkbox"/> Absent abd sounds <input type="checkbox"/> Tube fogging <input type="checkbox"/> Good bag compliance	<input type="checkbox"/> EDD = Trachea <input type="checkbox"/> Pulse OX _____ <input type="checkbox"/> CO2 detector

BLOOD INFUSION	Monitoring parameters: (Contact base and discontinue blood infusion for abnormal findings.)	
	<u>NORMAL</u> <input type="checkbox"/> Match blood types	<u>ABNORMAL</u> <input type="checkbox"/> Mentation changes <input type="checkbox"/> Nausea/vomiting <input type="checkbox"/> CP or SOB <input type="checkbox"/> Allergic signs - rash/urticaria <input type="checkbox"/> Fever <input type="checkbox"/> Complaint of discomfort <input type="checkbox"/> Shock <input type="checkbox"/> Altered skin signs <input type="checkbox"/> Swelling/pain at IV

CHEST TUBE	Monitoring parameters: (Contact base for abnormal findings.)	
	<u>NORMAL</u> <input type="checkbox"/> = Chest rise/fall <input type="checkbox"/> = Lung sounds	<u>ABNORMAL</u> <input type="checkbox"/> JVD <input type="checkbox"/> Kinks in tubing <input type="checkbox"/> Hypotension <input type="checkbox"/> Increasing SOB <input type="checkbox"/> Dislodgement <input type="checkbox"/> Tracheal deviation
Note: Keep collection chamber below level of chest and avoid dependent loops. Elevate patient's head to 45° and Keep connections securely taped.		

IV DRIPS	(Name of Medication)	Accompanying RN
	1. _____ 2. _____ 3. _____ 4. _____	_____

Comments/Details
