Interfacility Transport (IFT) Service Provider Dispatch and Transport Criteria

IFT-BLS Dispatch Criteria

Patients transported by Interfacility Transport Basic Life Support (IFT-BLS) must not require services that are beyond the "OCEMS EMT Scope of Practice" (OCEMS Policy # 315.00). The IFT-BLS service transport level is suitable if deemed the appropriate level of transport by a physician or attending physician designated allied health professional and within the following parameters of action:

1. Obtain and monitor blood pressure, pulse, respiration status, blood oxygen saturation level, level of consciousness, pain level, skin signs, temperature, and pupil status.

2. Use and monitor the following airway and breathing aids:
   - Nasopharyngeal airway
   - Suction devices
   - Administer oxygen utilizing nasal cannula or mask devices

3. Use stretchers and body immobilization devices

4. Monitor intravenous lines delivering at a sending facility preset rate:
   - Normal saline, Ringers Lactate, Dextrose 5% with half normal saline
   - Folic acid
   - Thiamine
   - Multivitamins
   - Antibiotic, antifungal, and antiviral agents
   - Total Parenteral Nutrition (TPN)

5. Transport patients with subcutaneous or patient-operated infusion pumps delivering medications including but not limited to:
   - Insulin
   - Morphine sulfate

6. Transport patients with prescribed transdermal medication patches previously placed on the skin including but not limited to:
   - Fentanyl
   - Nitrobid
   - Nitroglycerin (patch or paste)
   - Clonidine

7. Transport patients, deemed appropriate for BLS by the transferring physician with any of the following:
   - Nasogastric tubes
   - Heparin or saline locks
   - Hemodialysis shunts
   - Colostomy sites
   - Foley catheters
   - Continuous flow oxygen
   - Cardiac pacemakers (implanted)
   - Gastrostomy tubes
   - Tracheostomy tubes
   - Established central lines without infusing solutions
   - Urostomy sites
   - Enteric feeding tubes
   - Thoracostomy (chest) tubes that are secured and sealed
   - Surgical drain suction devices with preset parameters

- Automatic internal defibrillators (implanted)

IFT-ALS Dispatch Criteria

The IFT-ALS service transport level is appropriate if deemed the appropriate level of transport by a physician or attending physician designated allied health professional. A currently accredited OCEMS IFT-ALS Provider may be dispatched to any of the following advanced life support situations:

1. Transport of acute stroke, cardiac, burn, replantation, or trauma patients from an Orange County acute care hospital to a specialty center. Patient transfer must be deemed ALS level appropriate by the sending physician.

2. Transport of patients that have the following intravenous solutions infused by an external pump at a flow rate predetermined by the transferring physician:

    - Amiodarone*
    - Benzodiazepines [including midazolam (Versed), lorazepam (Ativan), diazepam (Valium)]
    - Dopamine
    - Fentanyl
    - Heparin*
    - Insulin
    - Lidocaine
    - Nitroglycercin*
    - Normal saline, Ringers Lactate, dextrose solutions, solutions with KCL (potassium chloride) at no more than 20 meq/liter.
    - Magnesium Sulfate
    - Morphine
    - Sodium Bicarbonate
    - Tissue Plasminogen Activator (tPA)*
    - Total Parenteral Nutrition (TPN) / Intravenous Lipid Emulsions

    * Orange County EMS Agency Optional Scope

    IFT-ALS paramedics may discontinue any of above infusions if there is evidence of patient decompensation during transport.

3. Transport of a patient requiring cardiac monitoring with approval for use of any appropriate IFT-ALS Cardiac Standing Order (OCEMS # IFT-SO-2).

4. Transport of a patient who has had a hypoglycemic reaction and may require blood glucose monitoring with potential glucose administration.

5. Transport of a patient requiring albuterol administration while in route.

6. Transport of a patient whose circulatory status is maintained with a dopamine infusion at a constant rate or intravenous fluid infusion.

7. Transport of a patient whose respiratory status is maintained with CPAP.

8. Transport of a patient given sedation and neuromuscular blocking agents (paralytic medication) to maintain endotracheal intubation stability.

9. Co-transport (with respiratory therapy or nurse staffing) of intubated ventilator dependent patients.

10. Transport of ventilator dependent patients by means of an automatic transport ventilator (volume cycled, FDA device approved) provided that transporting paramedic meets OCEMS ventilator competencies (PR-240).

11. Transport of patients whose circulation is maintained with external cardiac pacing.

Referral to the OCEMS 911 System

The following types of dispatch calls that require base hospital contact and are not originating from an acute care hospital are to be referred to the OCEMS 911 system:

- Patients for whom a 12-lead ECG is performed on site by the caller and is read as showing "acute MI" or "suspected MI".
- Mass Casualty Incidents (MCI) or any incident with more than one patient at a time at a single scene.
- Patients with blunt or penetrating injury who meet Trauma Triage Criteria (See OCEMS Policy #310.31).
- Burn patients, defined as equal to or greater than 10% body-surface area second degree burn, any third degree burn, any electrical burn, and any burn of a hand, foot, groin area, or eye.
- Amputation injuries, excluding finger tips or toe tips.
- Automatic Internal Defibrillator "firing" or defibrillating twice or more times in less than fifteen minutes.
- Triage decisions in which the IFT Dispatcher believes activation of the 911 system is appropriate.

The following response time dependent (require less than 8 minute ALS response) condition is to be referred to the OCEMS 911 System:

- Abdominal pain, age greater than 50 years, with fainting or near fainting or radiation of pain to the back (suspected aortic aneurysm).

IFT TRANSPORT:

- IFT patients should preferentially be transported to the predetermined receiving center unless they become unstable during transport, in which case use of field judgment for re-directing to the nearest Emergency Receiving Center is appropriate.

- When a receiving center is known to be on diversion status, neither BLS nor ALS cases are to be transported to that facility emergency department until the facility is off diversion. Transport of a patient to a receiving facility on diversion status that is a direct admission to an inpatient bed or receiving center treatment area other than the emergency department is acceptable.

- If, after IFT-paramedic arrival to the transferring facility, a patient is suspected of meeting cardiovascular, stroke-neurology, burn, replantation, or trauma center criteria; the dispatch center should be notified and the patient immediately transported to the nearest appropriate specialty center.

Special Circumstances:

❶ Victims of sexual assault should be transported to the most accessible open ERC based on OCEMS triage criteria. If a sexual assault victim has injuries that meet Trauma Triage Criteria, transport to an OCEMS designated Trauma Center.

❷ Persons who are mentally competent may refuse medical care and sign AMA per P/P #330.65.