SERVICE MUST HAVE OPERATIONAL PLAN AMENDMENT TO PERFORM INTERFACILITY TRANSPORTS

PURPOSE

This policy sets the scope of practice for interfacility transports provided by the service. It also sets the crewmember composition for various anticipated patient scenarios. It is ultimately the responsibility of the referring and receiving physicians, in consultation with the service medical director (when appropriate), to assess the transport needs of each patient and utilize the most appropriate means available to provide quality patient care..

GUIDELINES

1. The inter-facility transport of an acutely ill or injured patient is the ultimate responsibility of the transferring physician and facility.
2. They must assure that the transporting staffs are well informed as to the procedures, dosages of medications and precautions necessary for each patient they are transporting.
3. It must be assured that the transporting staff is not being asked to exceed their capabilities, scope of practice or put into a transfer situation in which they do not feel comfortable or lack the training to handle.
4. The transport staff has the right to decline any such transport so that more appropriate staffing methods can be arranged.
5. There is no responsibility by EMS to affect an interfacility transport if in so doing their primary coverage area would suffer from lack of resources.

PATIENT CARE

1. Each patent should receive special attention to their comfort issues such as sensitivity to hot/cold, extremity support, torso support, privacy and other issues as they might arise.
2. Each patient should be treated with the utmost respect and accommodation. Patients often request something to drink; beverages such as water or soft drink may be administered to the patient but only with the prior approval of the transferring facility.
3. If any situation were to occur that does not fit the specified procedures or the standard protocols, contact will be made with the transferring facility/physician or the medical director
4. Each patient shall have a full assessment made prior to initiating transport. This assessment shall include
    a. The reason for transport
    b. Pertinent history and physical including vital signs
    c. Standing orders provided by the transferring physician
    d. Repeat vital signs at regular intervals dependent on the patient's conditions
5. Medications and therapies may only be performed that are within the scope of practice of the attendant EMTs as prescribed by the state of Wisconsin.
6. In the event that the patient is receiving a medication not listed in these protocols appropriate education regarding this medication must be obtained prior to transport.
7. The Medical Director or his designee will provide this education and documentation of the same provided to DHFS upon their request and the Medical Director made aware of the

occurrence.

8. Crews should have the pertinent information as to dosage, indications, contra-indications and action clearly specified.

MEDICAL CONTROL

1. All transfers must establish the physician who is accepting medical control for each transferred patient prior to transport.
2. If the transferring physician is unwilling to be readily available during the duration of the transport, then the transferring physician may agree to transfer this responsibility to the receiving physician. If this occurs the receiving physician shall be contacted prior to commencing the transport.
3. Documentation of medical control authority will be made in the Patient Care Record.

SCOPE OF PRACTICE

Once a request is made of the service to provide an interfacility transport a checklist will be used to determine the patient's condition, medications being administered, medical equipment required, and anticipated needs of the patient. The crew will then use the following scope of practice to determine;

1. Can care of the patient be provided by service within this scope of practice?

2. What crew composition is required to facilitate this transport?

In addition to the standard scope of practice of each provider as approved by state statute the following skills and medications may be provided for the given providers upon approval of the service medical director, the successful completion of additional training and education, and the approval of the state.

Prohibited Procedures and Patients

- Intracranial monitoring device
- Fibrinolytic initiation
- Intra-aortic balloon pumps or other ventricular assist device
- Neonates requiring isolet transport – unless neonatal resuscitation team is in patient compartment.
- Barriatric patients who can not be safely restrained in the patient compartment
- Orthopedic hardware which prohibits safely restraining the patient during transport
- High Risk OB patients where breech presentation is suspected

Section 1: Basic Life Support Interfacility Transport

I. Required minimum staffing is 1 EMT in patient compartment.

- All patients with stable vital signs. The need for advanced life support is not anticipated.
- Patient is breathing spontaneously with airway management limited to supplemental oxygen and suctioning.
- May have saline lock but no running I.V. fluids

Section 2: Advanced Life Support Interfacility Transport

I. Required minimum staffing is **1 Paramedic in patient compartment**.

- CPAP
- Patient on home ventilator
- Any of the following medications begun at the transferring facility
  - Insulin infusion
  - Heparin infusion
  - Manitol infusion
  - Blood, blood products, Hetastarch, albumin, or other volume expanders (may only continue what is hanging. May NOT hang new blood or products)
  - PCA pumps
  - Antibiotics
  - Potassium infusion
- Central line maintenance and fluid administration
- Arterial line maintenance with pressure bag (no monitoring)
- No more than 1 vasoactive drip medication*

II. Required minimum staffing **2 Paramedics in patient compartment** (a CCEN or TNCC certified nurse may be substituted for 1 EMT-Paramedic by the transferring facility and upon approval of the service medical director).

- Intubated patient (includes non-visualized airways)
  - If hospital ventilator used then respiratory therapist must accompany patient
- External pacing
- Chest tube maintenance
- ACLS medications anticipated (high risk for arrest)
- TPA administration or administered within 1 hour of transport
- 2 or more vasoactive drip medications*

*Vasoactive medications include but are not limited to the following

- Nitroglycerin
- Nitroprusside
- Dopamine
- Dobutamine
- Isoproterenol
- Procainamide
- Magnesium Sulfate

III. Required minimum staffing is **1 Paramedic and OB Nurse (from transferring facility with capability to perform constant fetal monitoring).** The transferring physician must be of the opinion that fetal delivery is not imminent.

- High Risk OB. This includes but is not limited to OB patients greater than 20 weeks gestation with
  - Eclampsia
  - Pre-eclampsia
  - Placenta abruption
  - Placenta previa (with bleeding).
- Fetal Monitoring
- Administration of Tocolytics (to prevent labor)