



**Jackson County Medical Control Authority
SYSTEM**

INTER-FACILITY PATIENT TRANSFERS

Initial Date: 02/2015

Revised Date: 06/01/2019

Section: 8-15

Interfacility Patient Transfers

The purpose of this protocol is to establish a uniform procedure for interfacility patient transfers. Patient transfers are a physician referral. It is the responsibility of the transferring facility to perform a screening examination, determine if a transfer to another facility is in the patient's best interest and initiate appropriate stabilization measures prior to transfer.

Non-emergency interfacility transfers must begin or end at a facility within the licensed geographic service area. Emergency or Critical Care interfacility transfers may be accepted that do not meet this requirement.

BLS units may transport patients who are being transported with IV fluids only, PCA pumps or lipids/TPN by IV.

Procedure:

- A. The transferring physician is responsible for securing the acceptance of the patient by an appropriate physician at the receiving facility.
- B. Care initiated by the transferring facility may need to be continued during transport. The transferring physician will determine the treatment to be provided during the period of the patient transport and what if any staff will be necessary to accompany the patient en route.
- C. Additional health care personnel may accompany the patient under the direction of the transferring physician, who is responsible for ensuring their qualifications. This person shall be responsible for the direct patient care during transport and will render care to the patient under the orders of the transferring physician.
- D. When transporting by EMS alone, EMS Personnel are to receive written orders for interfacility patient care from the referring physician provided those orders are consistent with the training of the paramedic and the protocol. If the patient's condition changes to the point that the sending facilities orders did not meet the needs of the patient, the patient will become the responsibility of the EMS system. Appropriate treatment will be performed based on the JCMCA Protocols or from an on-line medical direction.
- E. The paramedic has the right to decline transport if he/she is uncomfortable with the orders (see ***Protocol for Destination and Diversion Guidelines***) or alternatively to suggest as alternative form of transport, i.e. MICU (Mobile Intensive Care Unit) or air medical or suggest hospital staff member accompany them on transfer.

- F. The following medications may be continued during transport by MCA approved ALS units. These medications may require the use of an IV infusion pump which will be supplied by the sending facility or the ALS provider. Should complications arise, infusions must be discontinued and online medical control contacted. Paramedics must receive training in the use of these medications:
- a. Lidocaine
 - b. Amiodarone
 - c. Aminophylline
 - d. Heparin
 - e. tPA
 - f. Antibiotics
 - g. Aggrastat (tirofiban)
 - h. Integrilin (eptifibatide)
 - i. Reopro (abciximab)
 - j. Potassium
 - k. Blood – See **Blood** Protocol 6-13A
 - l. Cardizem (diltiazem) – See **Cardizem** Protocol 6-13B
 - m. Sodium Bicarbonate
 - n. Dopamine – Pt must have SBP ≥ 90 – See **Dopamine** Protocol
 - o. Nitroglycerin – See **Nitroglycerin Drip** protocol 6-13C
 - p. Nexium (esomeprazole) and Protonix (pantoprazole)
 - q. Pepcid (famotidine) and Zantac (ranitidine)
 - r. Magnesium Sulfate for treatment of preterm labor.
 - s. Medication not included in this list must be approved by online medical control prior to ALS transport.
- G. Blood products may be continued as ordered by the sending facility. Only blood products anticipated to be continued or initiated during the transport are appropriate. If the patient has an adverse reaction to the blood products, the infusion must be discontinued. See **Blood Product Administration** Protocol.
- H. Patients who are receiving vasoactive medications or are hemodynamically unstable will not be transported by ALS units without accompanying hospital staff. If the Paramedic considers a patient unstable he/she may request hospital staff to accompany the patient. Alternate transport may also be considered, i.e. MICU or air medical.
- I. Patients on ventilators may be transported if meeting the criteria described in **Transport of Ventilator Dependent Patients**.
- J. Patients with chest tubes maintained adequately with Heimlich valves alone may be transported by ALS. The Heimlich valve must be supplied by the sending facility. Patients with chest tubes that require water seal drainage should be transported with hospital staff (RN) or by alternate transportation, i.e. MICU or air medical.



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- K. Patients beyond the scope of practice of the transfer capability of paramedics as defined by this protocol must be transported with additional hospital staff or by alternate means, i.e. MICU or air medical (see **Mobile Intensive Care Unit Transport Capabilities**).
- L. Should questions or problems arise during transfer the crew may contact the sending physicians. If this is not possible or in the event of an emergency the appropriate protocol should be followed and Online Medical Control contacted for direction.
- M. Any medications used from an ALS Medication Box will be recorded by the Paramedic per the appropriate medication usage form. The medication box will be exchanged per protocol. The replacement of the medication box is the responsibility of the sending facility or per appropriate Medication Box Exchange procedure.
- N. The following information should accompany the patient (but not delay the transfer in acute situations):
 - 1. Copies of pertinent hospital records
 - 2. X-rays
 - 3. Copies of all test results and lab reports
 - 4. Written orders during transport
 - 5. Any other pertinent information
- O. EMS documentation of the interfacility transfer must include the interventions performed en route and documentation of personnel involved in specific patient care activities.