

Jackson County Medical Control Authority
MICU Protocols
GENERAL PROTOCOL FOR MICU TRANSPORTS

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General Protocol for MICU Transports

Complete prior to transport:

1. Obtain a detailed history of patient=s present illness prior to initial contact.
2. If available, obtain the most recent 12-lead ECG, ABG, labs and vital signs.
3. Obtain any orders from the sending facility along with any signed appropriate or expected orders (i.e., medications/drip rates; mechanical ventilator settings).
4. Proceed with initial patient contact and perform a physical examination which includes:
 1. LOC
 2. Breathing rate, rhythm, compliance and/or ventilator settings.
 3. Complete vital signs
 4. Cardiac monitoring
 5. Oxygen saturation
 6. IV site status; medication infusions labeled for accuracy; pump settings
5. Initiate MICU equipment interchanges and observe patient for adverse changes.
6. Ventilator patient will be monitored for continuous CO₂ exchange.
 1. Maintain FI O₂ per sending facility orders.
 2. Refer to specific ventilator protocol for additional information.

Complete during transport:

1. Patient assessment and vital signs will be performed at 15-30 minute intervals, dependent on patient status. Any abnormality will be addressed immediately per established ALS protocols or by direct contact with medical control.
2. Equipment failure:
 - Ventilators: address all warning tones per manufacturer recommendations. If unable to resolve, and patient shows signs of distress, ventilate patient via BVM with 100% O₂.
 - IV pumps: address alarms by checking IV site following up to the pump. Follow the manufacturer=s recommendations.
3. Transfer patient care to the receiving facility. Give a verbal report along with the completed MICU EPCR , any applicable paperwork and films from sending facility.