

Emergency Department Transfer of Patient

Purpose: To expedite appropriate and timely turnover of pre-hospital patients to the Emergency Department staff including:

- Arrival at hospital
- Patient unloading
- Moving patient from transport unit stretcher to hospital stretcher
- Verbal turnover report to designated hospital personnel

Expeditious and complete patient turnover will be the goals of all personnel involved.

The responsibility for patient care transfers to the ED staff once the patient enters the ED. EMS personnel will strive to do what is medically appropriate for the patient and keep continuity of care until report is given.

It is expected that ED staff will receive pre-hospital personnel in a timely manner on arrival to ED and direct them to the appropriate bed or ED area.

Pre-hospital personnel will assist in moving patient to the hospital gurney and give a complete pre-hospital report.

Except when dictated by call volume, EMS run reports will be left at the hospital when the patient is turned over to the hospital staff.

It is expected that a complete turnover will be completed within 20 minutes of ED arrival or when the relevant EMS run report is complete, whichever is longer.

If the above criteria is not met and the patient remains on the pre-hospital gurney greater than 20 minutes, pre-hospital personnel will seek a safe and appropriate place to unload the patient and give the written run report to the first available ED staff RN and then return to service.

There is no EMS obligation to provide personnel or equipment in the ED.

Transport unit personnel will maintain charge of patient care on arrival at hospital until all of the following are accomplished:

- Arrival at Hospital:** The pre-hospital team will be responsible for unloading the patient. Hospital personnel will remain outside the transport unit unless asked by the transport paramedic.
- Patient unloading:** The transport paramedic will be responsible for and oversee all patient care during unloading of the patient. This includes maintenance of all pre-hospital performed procedures (endotracheal tube placement and ventilation, intravenous line placement, etc.). Only the transport unit personnel will operate the stretcher during the unloading procedure. The transport paramedic will maintain charge as the patient is moved into the hospital.
- Moving Patient from Transport Unit Stretcher to Hospital Stretcher:** The transport paramedic will be responsible for and oversee all patient care during transfer of the patient from the transport unit stretcher to the hospital stretcher. This includes maintenance of all pre-hospital performed procedures (endotracheal tube placement and ventilation, intravenous line placement, etc.). After transfer of patient to the hospital stretcher, the transport paramedic will reassess and verify placement of the endotracheal tube before transferring care to hospital personnel. The transport paramedic will maintain charge during transfer of the patient from the transport unit stretcher to the hospital stretcher.
- Verbal Turnover Report to Designated Hospital Personnel:** The transport paramedic will give a verbal report as appropriate to inform designated hospital personnel of the recent event.

NOTE: While on hospital premises, Emergency Medicine Physician/NP/PA may at any time assume responsibility for the care, transfer and maintenance of lines and tubes as deemed necessary by the physician. In the event the Emergency Medicine Physician/NP/PA takes charge of patient care before transfer of patient care responsibility occurs, the Emergency Medicine Physician/NP/PA assumes responsibility for patency of all procedures performed to that point.