

ILS Unit Cardiac Monitor Transfer Guidelines

ILS-C transfer units may be utilized to provide inter-facility transports of stable patients requiring routine cardiac monitoring. The EMT-Intermediate who is ILS-C certified will be in attendance at all times during the transfer. The patient will have been evaluated by a physician and deemed to meet the following criteria.

The following vital signs criteria must be met:

1. Heart rate > 50 and < 140
2. Respiratory rate > 10 and < 24 with Sao2 > 90% (on supplemental oxygen okay)
3. Systolic BP > 90 mmHg

The following cardiac rhythms may be transported:

1. Sinus rhythm (includes PACs, PJs, asymptomatic unifocal PVCs, and 1st Degree AV blocks)
2. Sinus Tachycardia < 140 bpm
3. Sinus Bradycardia > 50 bpm
4. Atrial Fibrillation < 140 bpm, not of new onset

Patients with the following complaints or diagnoses and requiring cardiac monitoring may NOT be transferred by an ILS unit:

1. Acute cardiac complaints (i.e. chest pain, NSTEMI/STEMI, angina or arrhythmias)
2. Acute CHF
3. Acute CVA/TIA or other acute neurological conditions, including brain masses, hemorrhages, and infections
4. Acute neurologic change or mental status changes - excluding alcohol intoxication
5. Active seizure or prolonged postictal period
6. Syncope or near-syncope suspected to be of cardiac nature
7. Airway compromise or potential airway obstruction
8. Signs and symptoms of shock states
9. Drug Overdose - excluding alcohol intoxication and isolated opiate overdoses
10. Obstetric
11. Actively dissecting or hemorrhaging aneurysm
12. Respiratory compromise
13. Malfunctioning internal cardiac devices
14. Status post conversion from SVT or Atrial Flutter
15. Status post resuscitation from respiratory or cardiac arrest
16. Or other patients deemed beyond the EMT-B or EMT-I scope of practice

Process:

Upon arrival, the EMT-Intermediate will evaluate the patient and obtain a full set of vital signs and a 4-lead ECG rhythm strip. The rhythm will be confirmed by the sending physician, RN or paramedic. The rhythm strip will then be initialed by the MD, RN, or EMT-P and the rhythm handwritten on the ECG strip. During transport, the EMT-Intermediate will document vital signs every 15 minutes, including a recorded ECG rhythm. A final ECG rhythm will be recorded prior to disconnecting the cardiac monitor. Upon patient turnover, the ECG record will be uploaded into the ePCR. Every ILS-C transport involving cardiac monitoring will be flagged in the ePCR for QI review. At any point, the EMT-Intermediate may request a higher level resource if they feel the patient is not appropriate for their level of care.

During transport, if any of the following occurs, an ALS or CCT unit will be immediately dispatched to rendezvous with the ILS unit:

1. Patient's vital signs change and end up outside of the allowable parameters listed above
2. Patient's LOC deteriorates
3. Patient develops chest pain of suspected cardiac origin
4. Any change in patient condition that the EMT-I feels is outside of their comfort level