Interfacility Patient Transfers – WMRMCC Addendum

Adopting MCAs will have an "X" under their MCA name. If no "X" is present, the MCA has not approved or adopted the protocol.

Allegan	Barry	Clare	Ionia	Isabella	Kent	Mason
X	X		X		X	X
Montcalm	**Muskegon**	**N. Central**	**Newaygo**	**Oceana**	**Ottawa**	
X	X	X	X	X	X	

The purpose of this protocol addendum is to expand the Scope of Practice for ALS EMS providers in the performance of Interfacility Patient Transfers through the requirement of additional education and training. This addendum modifies the current state Interfacility Patient Transfer Protocol.

A. Training:

Only personnel trained under an approved WMRMCC Expanded Scope curriculum may utilize the listed medications or procedures included in this addendum.

B. Procedure:

1. The following medications/fluids (to a maximum of two simultaneously) may be continued during transport by MCA approved ALS personnel. These medications may require the use of an IV infusion pump which will be supplied by the sending facility or the ALS provider. The medications may be monitored by the attending paramedic only and may NOT be titrated or started as a new infusion. Should complications arise, infusions must be discontinued and medical control contacted. Paramedics must receive training in the use of these medications:
   a. Amiodarone
   b. Antibiotics
   c. Antifungals
   d. Antivirals
   e. Beta Blockers
   f. Blood – See **Blood** Protocol
   g. Calcium Channel blockers
   h. Colloids, crystalloids, lipids
   i. Glycoprotein IIa/IIIb Inhibitors
   j. Heparin
   k. Insulin pumps (closed systems)
   l. Lidocaine
   m. Magnesium sulfate/Calcium gluconate
   n. Nexium (esomeprazole) and Protonix (pantoprazole)
   o. Nitroglycerine
   p. Nitroprusside
   q. Oxytocin (Pitocin)
   r. PCA Pumps (closed systems with approved or protocol medications)
   s. Pepcid (famotidine) and Zantac (ranitidine)
   t. Potassium (up to 20 mEq)
   u. Sodium Bicarbonate
   v. TPN (Total Parenteral Nutrition)
   w. Tranexamic Acid (TXA)

2. Medications used from an ALS medication bag will be recorded by the paramedic, per the appropriate medication usage form. Upon arrival at the receiving facility the medication box will be exchanged per protocol. If the receiving facility is outside the West Michigan Regional Drug Bag Exchange program participation area, replacement of the medication box is the responsibility of the sending facility.

3. EMS documentation of the interfacility transfer must include the interventions performed enroute and documentation of personnel involved in specific patient care activities.

C. <u>Permissible Skills:</u>
MCA's shall designate which of the procedures are permissible within their MCA by listing the designator [C, P, S, T, V] under their MCA name. Those which have not approved any of the additional skills will have "None" listed. Those which are blank are not covered under this section.

Allegan	Barry	Clare	Ionia	Isabella	Kent	Mason
C, P, T	*C, P, T, S, V*		*C, P, S, T, V*		*C*	*C, P, S, T, V*
Montcalm	**Muskegon**	**N. Central**	**Newaygo**	**Oceana**	**Ottawa**	
C, P, S, T, V	*C, P*	*C, P, S, T, V*	*C, P, S, T, V*	*C, P, S, T, V*	*C, P, S, V*	

Chest Tubes/Chest Drainage Units: [C]
Paramedics in the participating medical control authority may monitor an existing chest tube during transport. The chest tube shall be placed by the sending facility and any necessary equipment will be provided by the sending facility.

Pressors: [P]
Paramedics in the participating medical control authority may maintain an existing infusion of a pressor medication. Any pressor infusion must be delivered via an IV pump. Agencies and sending facilities should collaborate with regards to equipment necessary for maintenance of pressor infusions. Paramedics may titrate pressor medications based on the parameters in written orders obtained from the sending facility.

tPA: [T]
Paramedics in the participating medical control authority may transport patients receiving tPA, Tissue Plasminogen Activator (Alteplase, Activase), in the presence of acute ischemic stroke, myocardial infarction, pulmonary embolism, central venous catheter occlusion, arterial thrombus or embolism, or other medical indication. In long transports where tPA dosing changes, transition between hospital premixed bags may be performed in transit with written orders, and medication cross check prior to departure from the facility. Agencies and sending facilities should collaborate with regard to equipment necessary for continuation of tPA therapy.

Paralytics/Sedatives: [S]
Paramedics may, to properly manage the mechanically ventilated patient, titrate sedative medications based on the parameters in written orders obtained from the sending facility, and may maintain paralytics as ordered. Agencies and sending facilities should collaborate with regards to equipment necessary for administration of medication infusions.

Ventilators: [V]
Paramedics in the participating medical control authority may maintain, and adjust mechanical ventilation as ordered by a sending facility. Supply of a mechanical ventilator (agency-owned vs. hospital-owned) shall be determined by the medical control authority.

D. Critical Care Transport (Optional):

The WMRMCC adopts the state optional CCT sections with the following changes:
*"**3.** Critical Care Interfacility Patient Transport Curriculum"*
The UMBC and Iowa CCT programs are considered to be acceptable CCT training standards; any other curriculum must exceed the state minimum and be approved by the WMRMCC Medical Directors in advance of training or implementation.

Definition: A Critical Care transport is defined as the transport of any patient who requires treatment above or beyond the scope of practice or standardized paramedic training, or a paramedic with expanded scope education, respectively.

E. Categories of Interfacility Transfers

Category 1 – Requires a Critical Care Paramedic and, at the CCP's discretion, additional staff may be required.
Category 2 – EPIC Trained Paramedic
Category 3 – Standard ALS level paramedic
Category 4 – Standard BLS level EMT

Category 1 Situations:

- For all situations in which necessary care is not included in the scope of practice for a standard BLS, ALS or EPIC trained provider, a Critical Care Paramedic is required, or appropriate hospital clinical staff must accompany the EMS providers. Exceeding the scope of practice includes equipment or medications not included in standard patient care protocols or the EPIC protocol.
- Ventilators:
  - If the provider is expected to adjust settings based upon patient changes to settings
  - If the patient requires frequent settings changes to maintain effective oxygenation or ventilation
- Pressors:
  - If the provider is expected to titrate a pressor to effect
- High Risk OB:
  - If the patient is reasonably expected to deliver enroute
  - If the patient were to deliver enroute and the infant and mother both experienced complications, would there be sufficient resources to treat both patients – send additional staff with CCP.
  - If mother is not expected to deliver but there is high risk of maternal complications
- Stability:
  - If a patient is critically unstable, such that more than one provider is needed to effectively treat the patient during transport – send additional staff with the CCP
  - If a patient is unstable, such that medications not included in the EPIC list, or two or more medications form the EPIC list are being sent, and the patient is on two or more pieces of equipment (one pump and vent), then CCP required. Consider additional personnel.

Category 2 Situations:

- EPIC providers are expected to be used for relatively stable and imminently stable patients in which interventions are expected to be uneventful

- Ventilators: If approved by MCA, if the provider is maintaining preset ventilator settings or is making predefined changes directed by a hospital

- Pressors: If approved by MCA, if the provider is maintaining a pressor medication at a preset rate or

making predefined changes directed by a hospital

- High-Risk OB: If the patient is relatively stable and delivery is not expected enroute. If delivery is expected and the patient is stable, the EPIC medic may transport if additional clinical personnel are sent along.

- Stability: If the patient is relatively stable, such that only two (or fewer) of the EPIC approved medications and two (or fewer) pieces of equipment are necessary

Category 3 Situations

- Standard ALS level personnel may transport interfacility transfers in which the care falls within the scope of a standard paramedic.
- Ventilators: Not Permitted
- Pumps: If pumps are carried on the ambulances and are used routinely and approved by Medical Control. Otherwise not permitted. Medications may be bolused prior to transport, when clinically appropriate, in order to facilitate prompt transport.
- High-risk OB: not permitted.
- Stability:
  - Unstable patients may be transported with additional appropriate clinical staff.
  - Relatively stable and imminently stable patients receiving only medications included in standard EMS treatment protocols