



# INLAND COUNTIES EMERGENCY MEDICAL AGENCY POLICY AND PROTOCOL MANUAL

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## INTERFACILITY TRANSFER GUIDELINES

### I. PURPOSE

To identify patient care responsibilities for emergency medical technicians (EMTs), advanced EMTs (AEMTs) and paramedics (EMT-Ps) during interfacility transports.

### II. BLS INTERVENTIONS

During an interfacility transport, an EMT may monitor the following if the patient is non-critical and deemed stable by the transferring physician and the physician has approved transport via BLS ambulance:

Appropriate transfer paperwork and medical records must accompany the patient to their destination.

- Monitor a saline lock or peripheral lines delivering fluids in any combination/concentration of Normal Saline, Lactated Ringers or Dextrose and Water provided the following conditions are met:
  - No medications have been added to the IV fluid.
  - Maintain the IV at a pre-set rate.
  - Check tubing for kinks and reposition arm if necessary.
  - Turn off IV fluid if signs/symptoms of infiltration occur.
  - Control any bleeding at insertion site.
- Transport a patient with a urinary catheter provided the following:
  - The catheter is able to drain freely.
  - No action is taken to impede flow or contents of drainage collection bag.
- Transport a patient with a nasogastric or gastrostomy tube provided the tube is clamped.
- If the patient's condition deteriorates, the patient should be transported to the closest receiving hospital.

### III. LIMITED ALS (LALS) INTERVENTIONS

During an interfacility transport, if the patient is non-critical and deemed stable by the transferring physician and the physician has approved transport via LALS ambulance, an AEMT may monitor or perform the following:

- Peripheral lines delivering fluids in any combination/concentration of normal saline, lactated ringers or dextrose and water.
- Saline locks.
- Tracheo-bronchial suction of an intubated patient.

- Initiate prior to contact protocols if the patient's condition deteriorates, then must contact the base hospital per ICEMA Reference #3040 - Radio Communication.

Appropriate transfer paperwork and medical records must accompany the patient to their destination.

AEMTs may not transport a patient with IV drips that are not in the AEMT scope of practice.

AEMTs may not transport patients with blood or blood products.

#### IV. ALS INTERVENTIONS

***Appropriate transfer paperwork and medical records must accompany the patient to their destination.***

If the transfer is a STEMI patient, refer to ICEMA Reference #8020 - Specialty Care Transport.

EMT-Ps may not transport a patient with IV drips that are not in the EMT-P scope of practice.

EMT-Ps may not transport patients with blood or blood products.

During an interfacility transport, an ICEMA accredited EMT-P may:

- Monitor peripheral lines delivering fluids in any combination/concentration of normal saline, lactated ringers or dextrose and water.
- Transport intravenous solutions with added medication(s) as follows:
  - Lidocaine
  - Dopamine
  - Magnesium Sulfate
- Monitor and administer medications through a pre-existing vascular access.
- Monitor or saline lock.
- Monitor IV solutions containing potassium  $\leq 40$ mEq/L.
- Monitor thoracostomy tubes to water or dry sealed drainage.
- Monitor nasogastric tubes.

EMT-Ps may initiate prior to contact protocols if the patient's condition deteriorates, then must contact the base hospital per ICEMA Reference #5040- Radio Communication Policy.

- If EMT-P personnel are requested for the transfer, the transferring physician shall submit written orders designating treatment during transport that are within ICEMA protocols.
- Any change in the patient's status that may require a deviation from the transferring physician's orders or jeopardize the continued safe transport of the patient to the receiving facility, the EMT-P shall contact the transferring physician (primarily) or base station hospital (secondarily), transferring physician may then be consulted by base hospital personnel to facilitate care by transport personnel.

**V. NURSE ASSISTED ALS TRANSPORT**

In the event of a critical patient that needs transport with medication or IV drips that are outside of the EMT-P scope of practice and CCT transport is not possible, a Registered Nurse (RN) from the transferring hospital may accompany the patient. The RN will be responsible for orders from the transferring physician. In the event the patient condition deteriorates, the EMT-P will contact the base hospital for orders and destination change. The RN will continue to provide care consistent with the transferring physician's orders. The base hospital physician may consider discontinuing or continuing the prior orders based on patient condition. The RN will document the base hospital physician orders on the transferring facility's patient care record. The EMT-P will document on the ePCR or O1A.

**VI. REFERENCES**

<u>Number</u>	<u>Name</u>
3040	Radio Communication
8020	Specialty Care Transport