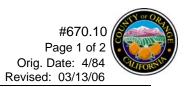


# INTERHOSPITAL EMERGENCY PATIENT TRANSFER GUIDELINES



## **AUTHORITY:**

Health and Safety Code, Division 2.5, Sections 1797.220, 1798, 1798.170, and 1798.172.

#### II. **APPLICATION:**

Guidelines for the immediate transport of a patient who is critically ill or unstable from a paramedic receiving center (PRC) to a specialty care center capable of treating the patient.

### III. DEFINITIONS:

"911 Transfer" means a transfer utilizing 911 emergency paramedic escort of a patient with a lifethreatening condition(s) where the patient's condition may measurably deteriorate by delay in transfer, as determined by the transferring physician.

"Immediate Retriage (Call-Continuation)" means that the retriaging PRC physician has determined that an emergency medical technician-paramedic (EMT-P) escorted critical patient requires the specialty capabilities of a designated specialty center and that the EMT-Ps are still on the premises, and that the retriaging physician may request that those EMT-Ps immediately transport the patient to the appropriate OCEMS designated specialty receiving center.

### IV. GUIDELINES:

- 1. An emergent patient may be transferred by one of the following transport modalities that is most appropriate, as determined by the transferring physician:
  - A. Critical care ambulance staffed with a registered nurse and other staff as required.
  - B. Licensed air ambulance.
  - C. Basic life support ambulance, with registered nurse and/or appropriate support personnel from the transferring facility, if necessary.
  - D. Paramedic-escorted transport (immediate retriage "call-continuation," and 911 transfer).
    - Physicians should reserve 911 transfers for a patient whose condition is likely to deteriorate while waiting for other transportation modalities.
- 2. Any of the above transport modalities should have appropriate staff, equipment and medications to provide for the patient's anticipated needs during the transfer.
- 3. Hospital staff shall make every effort to have the patient prepared for transport upon the arrival of the transporting unit. Copies of all documents, x-rays and laboratory data shall be available for transfer with the patient, or may be faxed or sent by courier to the specialty center to avoid transport delay.
- 4. All trauma patients shall be transported to the nearest appropriate paramedic trauma receiving center. Destination of non-trauma patient transfers for higher level of care shall be determined by the transferring physician.

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Approved:

# Orange County EMS Agency Policy/Procedure



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#### 5. Sending Hospital Responsibilities

- A. The decisions on the need for emergent transport, destination, and mode of transport are those of the transferring physician. The base hospital (BH) physician may be consulted by the transferring physician on EMS system issues for patients transported via the 911 system.
- В. The transferring physician shall notify the receiving trauma center of the immediate retriage of a trauma patient, and communicate the patient's apparent injuries or reason for re-triage. For all other patients, the transferring physician will obtain acceptance of the patient.

## 6. Specialty / Receiving Hospital Responsibilities

OCEMS designated specialty care centers shall have a physician immediately available A. to respond to transfer requests who has the authority at the facility to accept patients with life-threatening conditions. This physician may be a qualified emergency physician, trauma surgeon, or other qualified specialist. The specialty care center shall document the timeliness of the physician response to transfer requests.

# 7. 911 Responder Responsibilities

- Α. Paramedics shall contact their BH to advise them of the emergent transfer and provide at least an abbreviated report.
- B. Paramedics shall complete a Prehospital Care Record (PCR). The Orange County Emergency Medical Services Interfacility Transport Supplemental Report (see attachment) should be used for patients who are intubated, have blood / blood products infusing, or have received a neuromuscular blocking agent (NMBA). If other medications or IV infusions that are outside the paramedic scope of practice are infusing, the BH should be consulted. The sending hospital may consider sending an RN or other appropriate hospital staff to monitor those treatments which are not included in the paramedic scope of practice.

# V. QUALITY IMPROVEMENT MONITORING

- 1. The sending hospital shall be responsible to notify OCEMS of all 911 transfers within 24 hours using the approved notification form.
- 2. The BH shall advise OCEMS of all 911 transfers and call-continuations. This shall be submitted within 45 days of the end of the month.

Italicized Text Identifies Ouotations From An Authority Outside OCEMS.

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