Section: ALS Protocols
Subject: INTERFACILITY TRANSPORTS – STANDARDS OF CARE
Section #: 345.10
Issue Date: March 21, 2011
Revision Date:
Approved By:  Michael Lozano, Jr., M.D., HCFR Medical Director

1. Initial Patient Contact
    a. Minimum equipment requirements (to be taken to the bedside):
        i. Sufficient number of IV pumps
        ii. Monitor/defibrillator
        iii. Bag-valve-mask (BVM)
        iv. Sufficient oxygen supply for the ventilator
        v. Suction
    b. Upon arrival at the originating facility, the Medic-in-Charge will request a thorough report concerning the patient's condition.
    c. When assessing the patient:
        i. Note isolation precautions
        ii. Obtain current set of vitals
        iii. Assess the ABCs and LOC
        iv. Perform a thorough physical examination
        v. Check all IVs, drains, sheaths, and any other man-made devices attached or inserted into the patient.
        vi. Glucose level check for all unresponsive patients
        vii. Note ABGs for all ventilated patients (must be <6 hours old)
    d. As soon as it is determined that two (2) paramedics will be required in the patient compartment, contact EDC and request a driver.
    e. If necessary, the Medic-in-Charge will call the Medic-1 physician prior to leaving the originating facility and present a thorough report concerning the patient's status.

2. Ongoing Patient Care
    a. <u>Assuming care of the patient</u>:
        i. The patient becomes the responsibility of HCFR once the patient has left the unit of origin.
        ii. When treatment becomes necessary during transport, HCFR policies and protocols or verbal Medic-1 orders shall be followed.
        iii. It is the policy of some hospitals that one or more of their staff members accompany the patient during transport.
            1. All HCFR personnel are expected to relate professionally with the hospital staff and consider their input on all patient care issues.
            2. However; since the patient is at this time in the care of HCFR, the Medic-1 physician will resolve all differences.
            3. Anytime a physician accompanies the patient, they shall assume patient care responsibility, and HCFR personnel will assist the physician and follow orders within the scope of their training
    b. <u>Intravenous Drips</u>:
        i. If there is any question regarding a drip that the patient is receiving, the Medic-in-Charge will contact Medic-1.
    c. <u>Chest Pain Patient</u>:
        i. If a patient develops chest pain during the transport to the receiving facility, you may follow the HCFR CHEST PAIN protocol.

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ii. If the patient is currently on IV NTG, follow the same dosing regimen as the HCFR CHEST PAIN protocol describes for IV NTG.

d. Epiglottitis and Airway Obstruction:
   i. No patient with suspected epiglottitis or airway obstruction will be transported interfacility without definitive airway management in place prior to departure.