



3. If provision of the completed medical record is not possible at the time of transfer of care, a verbal report and an abbreviated written run report should be provided to the next caregiver
4. The information provided during the transfer of care should include, but is not limited to,
  - a. Patient's full name
  - b. Age
  - c. Chief complaint
  - d. History of present illness/Mechanism of injury
  - e. Past medical history
  - f. Medications
  - g. Allergies
  - h. Vital signs with documented times
  - i. Patient assessment and interventions along with the timing of any medication or intervention and the patient's response to such interventions
5. The verbal or abbreviated written run report provided at the time of transfer of care does not take the place of or negate the requirement for the provision of a complete electronic or written medical record of the care provided by EMS personnel

#### **Patient Safety Considerations**

1. Routine use of lights and sirens is not warranted
2. Even when lights and sirens are in use, always limit speeds to level that is safe for the emergency vehicle being driven and road conditions on which it is being operated
3. Be aware of legal issues and patient rights as they pertain to and impact patient care (e.g., patients with functional needs or children with special healthcare needs)
4. Be aware of potential need to adjust management based on patient age and comorbidities, including medication dosages
5. The maximum weight-based dose of medication administered to a pediatric patient should not exceed the maximum adult dose except where specifically stated in a patient care guideline
6. Medical direction should be contacted when mandated or as needed
7. Consider air medical transport, if available, for patients with time-critical conditions where ground transport time exceeds 30 minutes

#### **Notes/Educational Pearls**

##### **Key Considerations**

1. **Pediatrics:** use a weight-based assessment tool (length-based tape or other system) to estimate patient weight and guide medication therapy and adjunct choice
  - a. Although the defined age varies by state, the pediatric population is generally defined by those patients who weigh up to 40 kg or up to 14 years of age, whichever comes first
  - b. Consider using the pediatric assessment triangle (appearance, work of breathing, circulation) when first approaching a child to help with assessment
2. **Geriatrics:** although the defined age varies by state, the geriatric population is generally defined as those patients who are 65 years old or more
  - a. In these patients, as well as all adult patients, reduced medication dosages may apply to patients with renal disease (i.e., on dialysis or a diagnosis of chronic renal insufficiency) or hepatic disease (i.e., severe cirrhosis or end-stage liver disease)