East Central Illinois EMS

Section: Operations

Title: Interfacility Transfers (Region 6 Policy)

Original Policy Date: 04/2005
Current Effective Date: 01/2025
Last Review Date: 01/2025
Next Required Review Date: 01/2026

I. PURPOSE

The purpose of this policy is to provide consistent guidelines to Region 6 EMS agencies/providers and hospital personnel for interfacility/interregional transports.

II. DEFINITION – None

III. POLICY

This policy assumes that all EMS agencies/providers that provide interfacility/interregional transports have had System specific training for such transports.

A. An attending physician, Emergency Department physician, or physician designee will authorize or request interfacility transports.
B. The transferring physician or physician designee will determine the appropriate receiving facility.
C. The transferring physician or physician designee will receive confirmation of acceptance of the patient from the receiving facility and the receiving physician or physician designee.
D. It is the responsibility of the transferring physician or physician designee to indicate what level of service and care is required for the transport based on the severity/complexity of the patient condition.
E. EMS agencies providing interfacility transports may only function to their level of licensure as defined by the National EMS Education Standards and Department regulations unless otherwise stated in this policy.
F. Any patient requiring care at a level higher than the highest level of prehospital care provider available must be transported with an RN or other appropriate professional personnel.
G. Prior to transport, EMS providers must obtain written orders from the transferring physician or physician designee for all fluids and/or medications being transferred with the patient. EMS providers may only administer/monitor fluids and medications listed within this policy and the East Central Illinois EMS System Protocols unless authorized by EMS System Medical Director or designee. These orders shall be written on the “East Central Illinois EMS System EMS Interfacility Transfer Form.” In the event there are no written orders provided by the transferring provider, the EMS providers will default back to the East Central Illinois EMS System Protocols.
H. A *Transfer Time-Out* shall be conducted for each interfacility transfer prior to initiating transport.

Online Medical Control:

A. Medical Control (MC) may be defined as either the EMS Medical Director, the transferring or receiving MD and as a last resort the ED physician of the transferring or receiving hospital.
B. In any situation that the EMS Provider needs to contact a physician for medical direction they will first attempt to contact the transferring MD or the receiving MD. If unable to reach either one, the EMS MD can be contacted. As a last resort, use on-line medical control at the sending or receiving facility. Any orders from on-line medical control will supersede written orders.
C. If the EMS Provider is unable to contact the receiving or sending facility, the EMS Provider will follow East Central Illinois EMS Protocols until contact can be established. In a situation when medical control is unreachable and intervention is necessary, the transport team will divert to the nearest appropriate medical facility.

Considerations for Transport:

A. Any East Central Illinois EMS agency reserves the right to deny transport under the following conditions:
    1. If providing the interfacility transport will impede the ability for the agency to provide 911 response within their response area due to staffing or equipment.
    2. If it is deemed the patient is not stable enough for ground transport after consultation with the Medical Director or Medical Control.
    3. If the safety of the patient and crew is at significant risk (i.e., weather, road conditions, violent patient, etc.).
    4. Patients in active labor (when birth is imminent).
    5. Active CPR is in progress.

Requesting Additional Personnel:

A. When the EMS provider anticipates that they will require more assistance to appropriately care for the patient during transfer, they shall request the transferring physician/health care provider to provide appropriately trained hospital staff to accompany the patient and assist. The EMS provider must contact Medical Control for medical direction in all situations where they are not comfortable with the circumstances of the transfer. **The transfer will not occur unless the EMS provider and MC are confident the personnel and equipment are appropriate for transfer.**

Levels of EMS Interfacility Transports:

Basic Life Support (BLS) interfacility transport

Includes basic airway management, cardiopulmonary resuscitation including the use of AED's, basic shock management and control of bleeding, basic fracture management and medications within the ECIEMS BLS protocols:

Basic providers may also transport patients with the following:

Foley catheters
Gastric devices (i.e., NG tubes, G tubes, ostomy equipment)
Saline locks
Wound drains and wound vacs
Clamped Vascular devices (i.e., Central lines, Groshong catheters, PIC lines)*
***May not be accessed by Basic providers**

Intermediate Life Support (ILS) interfacility transport

Includes all BLS services, cardiac monitoring, IV cannulation/fluid therapy, advanced airway management and medications within the ECIEMS ILS protocols:

Advanced Life Support (ALS) interfacility transport

Includes all BLS and ILS services, cardiac monitoring (including cardiac pacing, manual defibrillation, and cardioversion) and administration/monitoring of medications within the ECIEMS ALS protocols:

The following additional fluids and medications may also be transported by ALS providers:

All crystalloid	**Labetalol drip**
Blood products (already initiated)	**Levetiracetam (Keppra)**
Albumin	**Lorazepam**
Amiodarone drip	**Magnesium drip**
IIb/IIIa glycoprotein inhibitors (Aggrastat, Reopro, Integrilin)	**Mannitol**
Antibiotics	**Metoprolol drip**
Calcium chloride	**N-Acetylcysteine drip**
Calcium gluconate drip	**Nicardipine (Cardene) drip**
Dexamethasone sodium phosphate	**Nitroglycerine drip**
Diazepam	**Oxytocin**
Diltiazem drip	**Octreotide**
Droperidol	**Phenobarbital drip**
Fentanyl drip	**Potassium (no faster than 10 mEq/hr)**
Fosphenytoin	**Pralidoxime chloride**
Furosemide (Lasix)	**Propranolol drip**
Haldol	**Protonix**
Heparin drip	**Racemic epinephrine**
Hydralazine	**Sodium nitroprusside**
Insulin drip (non-titratable, with frequent glucose checks)	**Vitamin K drip**
Isoproteronol	
Ketorolac	

ALS providers may also transport patients with the following:

Pain medication pumps
Femoral artery sheaths
Continuous Bladder Irrigation
Chest tubes; with written physician orders. If mechanical suction, the amount of mechanical suction must be specified. Refer to “CHEST TUBE MANAGEMENT” in Procedures.

Paramedics may perform interfacility transports of chronic tracheostomy ventilator patients, who have been on ventilator for at least 30 days and are considered medically stable by the requesting provider, using their current home settings and home vent machine. For these stable chronic vent trips a standard two-person ambulance crew, with a single ALS provider in back with the patient is acceptable.

For all patients with newer ventilators and either ETI or trach, or for unstable chronic vent patients, additional advanced staff are required for the transport. This should be either an RT or an RN with critical care experience whenever possible. If utilization of hospital staff to fill this role is not possible, a critical care EMS transport service should then be contacted to perform the transport.

Only in extenuating circumstances when all other options are exhausted may the transport of a ventilator patient be completed with a team consisting of two ALS providers in the back plus an EMT-B or higher licensed driver. All such extenuating circumstance situations must be approved by the ALS agency’s manager staff, with medical director consultation as needed.

Approved High-Flow Nasal Cannula devices may be transported by ALS providers that have undergone appropriate training on the equipment if there are no critical care transport units available. Prior to transport, providers must ensure:

- Adequate battery supply for equipment
- Adequate ambulance oxygen supply
    - Calculate oxygen cylinder duration based on current patient oxygen requirements. https://opencriticalcare.org/oxygen-supply-demand-calculator/

$$\text{Tank Duration} = \frac{(\text{tank pressure in PSI} - 200) \times \text{cylinder conversion factor}}{\text{Flow rate in LPM}}$$

Cylinder Size	Conversion Factor
D	**0.16**
M	**1.56**
G	**2.41**

- Appropriately trained personnel for equipment
- Safely and securely mounted in ambulance

***If not listed above or in the ECIEMS protocols, a Registered Nurse is required to accompany the patient during transfer/transport.**