COUNTY OF SAN MATEO
EMERGENCY MEDICAL SERVICES

POLICY NO:	FAC-4
DATE ISSUED:	5/2005
LAST REVIEW:	9/2017
NEXT REVIEW:	9/2020

ED PATIENT INTERFACILITY TRANSFERS

Purpose: To provide guidance for emergency departments on ground ambulance transport of patients that require interfacility transfer at the Basic (EMT), Advanced Life Support (ALS) (Paramedic), or Critical Care Transport (CCT) levels.

Compliance with law

1) All transfers shall comply with mandates contained in Federal and State law.
2) The sending ED physician determines the appropriate level of transportation required. Each ambulance service dispatch center should have call screening mechanisms assisting callers in selecting the most appropriate unit. The dispatch center will identify ALS calls and immediately transfer the call to Public Safety Communications (PSC) for a paramedic response.
3) The sending physician or designee should provide verbal report and transfer documents to arriving crews. These transfer documents must include the name of the sending and receiving physician. Once this has occurred, care for the patient is transferred to the ambulance crew until arrival at the destination and care has been transferred to the staff of the receiving facility.
4) The sending ED physician makes arrangements for the receipt of the patient by another physician at the receiving facility.

Description of Transport Options

CCT-RN Units

1) Type of patient:
   a) Unstable patient or a stable patient that requires care outside of the paramedic scope of practice
   b) Service can be scheduled or unscheduled and can be from any hospital department.
2) Staffing, equipment and authorization for care:
   a) The CCT unit is staffed with at least one (1) Registered Nurse and one (1) additional crew member at no less than the EMT level.

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b) The transferring physician, receiving physician, or CCT provider agency may suggest additional staff.
c) If specialized equipment is needed details should be discussed at the time the service is requested.
d) Care is provided by the registered nurse under standing orders and standardized procedures authorized by the provider's medical director. Additional orders are provided by the transferring physician.

3) Patient destination is determined by the transferring physician based on patient need.
4) Requesting a CCT Ambulance:
   a) Request CCT Ambulance through private ambulance provider.
   b) Urgent service can be requested if needed.
   c) Do not request a CCT through PSC.

BLS Ambulance

1) Type of patient:
   a) Stable patient unless the BLS ambulance staffing is supplemented by additional health care providers (MD, RN, RT)
2) Staffing:
   a) Basic Life Support ambulances are usually staffed with two (2) Emergency Medical Technicians.
   b) Additional staff may accompany the BLS unit from the transferring hospital if needed and approved by the BLS provider.
   c) Specialized units staffed by EMT providers may accompany teams for critical care transfer of specialized patients.
3) Care During Transports/Scope of Practice:
   a) The EMT will follow standard orders provided by the ambulance provider that are within the state scope of practice (see scope of practice table below).
   b) The transferring facility may provide additional instructions within this scope of practice
   c) If the patient's condition deteriorates during transport requiring treatment not included by the physician orders and EMT scope of practice, ambulance personnel will divert to the closest receiving hospital and notify the receiving hospital prior to arrival. The transferring physician will be notified as soon as possible.
4) Requesting a BLS ambulance:
   a) Service may be scheduled or unscheduled.
   b) Urgent service can be requested if needed.
   c) Do not request a BLS ambulance through PSC.

EMS/911 System Paramedic Ambulance/ALS Ambulance

1) Type of patient:
   a) Unstable or potentially unstable patients from the emergency department transferred to another hospital for specialized or higher level of care. (Examples include: patients identified as major trauma victims by anatomic or physiologic criteria, patients with 3rd trimester obstetrical complications and patients in need of immediate surgical intervention for life threatening events. 911 ambulances may also transfer patients for acute STEMI or stroke care as defined by San Mateo County policy and protocols.)
2) Staffing:
   a) The 911 ambulance is staffed by two health care providers. At least one is a paramedic. The second staff member may be an EMT or paramedic.
3) Care During Transport/Scope of Practice:
   a) The paramedic will follow San Mateo County Emergency Medical Services Policies, Protocols, and Procedures. Any modification must be by a Base Hospital physician and must be within the San Mateo County Scope of Practice (see Scope of Practice chart below)
   b) Patient destination is determined by the sending physician but must comply with San Mateo County policy and protocol.
4) Requesting a 911 system/paramedic ambulance:
   a) Contact San Mateo County PSC by Microwave phone (344) or landline telephone at 650-364-1313.
   b) PSC will ask five screening questions to determine patient condition
   c) The patient should be ready for transfer within 15 minutes of the request to PSC. The ambulance will usually arrive at the hospital within 13 minutes of the request.

Special Considerations

Major Trauma Patient Transfer/Consult (see Trauma Transfer algorithm, next page):

TRAUMA TRANSFER PROCEDURE

STEP 1	Determine appropriate level of transfer using chart below. Contact receiving Trauma Center and confirm acceptance of the patient **Stanford Trauma Center** • **1-650-724-2243 (Emergency)** • **1-650-723-4696 (Urgent – Adult)** • **1-650-723-7342 (Urgent – Pediatric)** **Zuckerberg S.F. General Trauma Center:** • **1-628-206-8111** ****Request to speak to Attending in Charge (AIC) about Trauma Re-Triage Patient****
STEP 2	**As soon as need for transfer is recognized,** request **CODE 3 TRAUMA TRANSFER** using ED to County Communication microwave direct line (#344)
STEP 3	Prepare patient and paperwork for immediate transport before ambulance arrives.
STEP 4	For trauma consults on patients not meeting red or blue box criteria, contact the trauma center and request to speak to the Trauma Attending-In-Charge about Trauma Re-Triage Patient • Stanford Trauma Center: 1-650-723-4696 (Adult) or 1-650-723-7342 (Pediatric) • Zuckerberg SF General Trauma Center: 1-628-206-8111

TRAUMA TRANSPORTATION SELECTION CRITERIA

EMERGENCY TRANSFER PATIENTS: Call Trauma Center PRIOR to Transfer and state RED BOX TRAUMA TRANSFER

Stanford Trauma Center:
- **1-650-724-2243**

Zuckerberg S.F. General Trauma Center:
- **1-628-206-8111**

****Request to speak to Attending in Charge (AIC) about Trauma Re-Triage Patient****

ED physician determines patient requires immediate evaluation/resuscitation by a trauma center

Some indicators:

Blood Pressure
- B/P of <90 or
- Decrease in B/P by 30mmHg following 2 liters of IV crystalloid

Head Injury with Blown Pupil

Penetrating Thoracic or Abdominal Trauma

URGENT TRANSFER PATIENTS: Call Trauma Center PRIOR to Transfer

Stanford Trauma Center:
- **1-650-723-4696 (Adult)**
- **1-650-723-7342 (Pediatric)**

Zuckerberg S.F. General Trauma Center:
- **1-628-206-8111**

****Request to speak to Attending in Charge (AIC) about Trauma Re-Triage Patient****

ED physician determines that the patient requires urgent evaluation by a trauma center based on the following indicators:

Anatomic area	**Related Injuries**
Central Nervous System	• GCS <14 with abnormal CT Scan • Spinal Cord or major vertebral injury
Chest	• Major chest wall injury with >3 rib fractures and/or pulmonary contusion • Cardiac Injury
Pelvis/Abdomen	• Pelvic ring disruption • Solid organ injury confirmed by CT Scan or ultrasound demonstrating abdominal fluid
Major extremity injuries	• Fracture/dislocation with loss of distal pulses and/or ischemia • Open long bone fractures • Two or more long bone fractures • Amputations that require reimplantation
Co-morbid factors	• Adults > 65 y/o • **Pediatric < 6 y/o Transfer to Stanford (Pediatric Trauma Center)** • Pregnancy - >22 weeks gestation • Insulin dependent diabetes • Morbid obesity • Cardiac or Respiratory disease • Immunosuppression • Antiplatelet or anticoagulation agents
Multiple-System Injury	• Trauma with associated burns **Transfer to closest Trauma Center** • Major injury to more than two body regions • Signs of hypoperfusion – Lactate >4 or Base Deficit >4

TRAUMA LEVEL OF TRANSPORTATION

CATEGORY	TYPE/STAFF	DESCRIPTION	CAPABILITIES	TYPICAL ETA	PROVIDERS
Emergent ALS	Advanced Life Support	Standard Paramedic transport	Consider for cases meeting **emergency** and **urgent** criteria above, paramedic scope of practice	Approx. 10 min	9-1-1 System
CCT-RN	Critical Care Transport Ground: 1 RN	Critical Care RN Transport	Mechanical ventilation and most medications	60-120 min ETA can be extended	Facility Choice
Air Ambulance	Critical Care Transport Air: 2 RNs	Critical Care RN Transport	Advanced practice RN / expanded scope of practice	ETA can be extended	CALSTAR/REACH; LifeFlight

1) Pediatric Critical Care Center Transfer:
   a) San Mateo County recognizes three Pediatric Critical Care Centers (PCCC).
   b) To contact these centers call their 24 hour consultation line to make transfer and transportation arrangements:
      i) Stanford Health Care Lucile Packard Children's Hospital Dispatch 650-723-7342
      ii) California Pacific Medical Center 888-637-2762 (Transfer Center) or 415-600-0720 (PICU)
      iii) UCSF Benioff Children's Hospital– 877-822-4453 (Transfer Center) or 415-353-1352 (PICU)
   c) If the intended PCCC cannot immediately accept the patient, that PCCC will take responsibility for:
      i) locating an alternate PCCC able to immediately accept the patient, and
      ii) keeping the sending hospital informed as to the success or failure of securing a PCCC able to immediately accept the patient.
      iii) Inform EMS Agency, if PCCC did not assist in finding an alternate PCCC.
2) Scope of Practice Chart – (CCT-RN Scope of Practice is determined by provider's medical director):

Skills/Medication/Procedure	**BLS**	**911 – Paramedic**
Vital signs stable	X	X
Unstable vital signs		X
Oxygen by mask or cannula	X	X
Level of consciousness-stable	X	X
Level of consciousness-unstable		X
Peripheral IV established (no additives) 5 or 10% Dextrose, Saline, Ringer's Lactate or combined solutions	X	X
Peripheral IV established with Lidocaine, Dopamine, or potassium chloride (20 mEq/mL)		X
Mechanical respiratory assistance (patient's vent accompanied by a trained attendant who will do suctioning)	X	X
Intubated patient with BVM ventilation		X
NG, gastric tubes, Foley catheter	X	X
Saline lock, indwelling vascular access device (not infusing fluids or medication)	X	X
Central IV line in place (non-infusing)	X	X
Cardiac monitor		X
Temporary pacemaker in place		X

Standby or anticipated transcutaneous pacing		X
Medication administration in progress or anticipated. IV drips cannot be maintained on a mechanical pump and are only approved as noted. Adenosine Albuterol Atropine Calcium Chloride Dopamine-IV Drip Dextrose Diphenhydramine Midazolam Morphine Sulfate Narcan Nitroglycerine spray or paste Ondansetron Sodium Bicarbonate		X