

600 GENERAL INTERFACILITY TRANSPORT PROTOCOL

For special conditions, see additional protocols below.

PRIOR TO TRANSPORT:

Review written orders to transport.

Confirm destination accommodations.

Perform extended primary assessment.

NOTE: IF THE PATIENT IS FOUND TO BE UNSTABLE OR UNSUITABLE FOR INTERFACILITY TRANSPORT, OR APPEARS TO REQUIRE A HIGHER LEVEL OF CARE THAN WAS ANTICIPATED AT THE TIME TRANSPORT AS ARRANGED, DO NOT ATTEMPT TRANSPORT. CONTACT MEDICAL CONTROL (OR DULY AUTHORIZED AGENT) FOR FURTHER INSTRUCTIONS.

Measure and record vital signs.

Initiate EKG monitoring as necessary.

Obtain signature of accompanying physician or nurse for all medications to be carried enroute on the Interfacility Transfer Report, noting routes of administration. Where possible, medications being infused by electrical pump should be converted to alternate administration systems.

Notify medical control that transport is underway.

Initiate and record appropriate oxygen therapy.

DURING TRANSPORT:

Monitor the airway.

Continue appropriate oxygen therapy.

Monitor and record vital signs as necessary.

Perform or assist in performing those procedures allowed by specific advance direction of medical control, as necessary.

In the event of a clinical emergency, and a physician, nurse practitioner, or physician surrogate is present, assist with allowed procedures on request and contact medical control.

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(continued)

In the event of a clinical emergency, and a physician, nurse practitioner, or physician surrogate is not present, revert to pre-hospital standing orders and contact medical control.

AFTER TRANSPORT:

Notify medical control that transport has been accomplished.

Complete and sign the Interfacility Transfer Report, recording all measurements of vital signs made during transport, and describing in detail any changes in patient condition or unusual incidents occurring enroute.