

Maine EMS PIFT Program QA Form		
Service Medical Director Review _____ (sign) on _____ (date)		
Date _____	PCR # _____	Service # _____
Sending Facility _____		Paramedic Name _____
Receiving Facility _____		Lic # _____
Do not complete the transfer unless attending physician, on line medical control physician and OLMC contact number provided. Must also complete whether or not communication problems anticipated enroute. Attending physician: _____ OLMC: _____ Phone: _____ Communication Problems Anticipated: _____		
Stable <u>Moderate</u> ¹ / Low ² Risk (Circle one) Unstable On Arrival ³ Action: _____		
Vitals signs as documented on EMTALA form: Pulse: _____ Respirations: _____ Blood Pressure: _____ SaO ₂ %; _____		Vital Signs on arrival at facility: Pulse: _____ Respirations: _____ Blood Pressure: _____ SaO ₂ %; _____
List all medications and their rates/doses being administered during transport:		List any interventions performed or devices used enroute:
<input type="checkbox"/> Heparin	_____	<input type="checkbox"/> IV Start
<input type="checkbox"/> Nitroglycerine	_____	<input type="checkbox"/> Intubation
<input type="checkbox"/> Potassium	_____	<input type="checkbox"/> CPR
<input type="checkbox"/> TPN	_____	<input type="checkbox"/> Defibrillation
<input type="checkbox"/> Morphine	_____	<input type="checkbox"/> Cardioversion
<input type="checkbox"/> Other	_____	<input type="checkbox"/> Other Airway Maintenance
<input type="checkbox"/> Other	_____	<input type="checkbox"/> Transvenous Pacing
<input type="checkbox"/> Other	_____	<input type="checkbox"/> Other
<input type="checkbox"/> Other	_____	<input type="checkbox"/> Other
<i>Were there any titrations to medications or unscheduled boluses administered during transport? If so, list medication and dose/change:</i> _____ _____ _____		<i>Was contact with OLMC necessary during transport? If so, list what was requested and if received:</i> _____ _____ _____ Name of OLMC: _____
Order sheet for all medications/interventions is completed, signed by Physician/PA/NP or by RN with Verbal Order, and accompanies patient chart.		
The transporting paramedic has the final decision whether or not they are comfortable in transporting the patient without additional hospital staff.		
1) Stable "Moderate Risk" Patient: A Stable patient is one who has hemodynamic and neurologic stability from therapies initiated. Therapies initiated must be expected to maintain patient stability during the transport. This patient is typically going via emergent transfer to a tertiary facility for services not readily available at a local facility. Variation on existing therapy has demonstrated no deterioration and may be reasonably predicted to remain without change during the transport without the need for further adjustments to such therapy.		
2) Stable "Low Risk" Patient: A patient who has hemodynamic and neurological stability with no foreseeable deterioration. This is the patient who is not suffering from an acute illness, but has medications or interventions being administered which are outside of the scope of the Paramedic without PIFT training.		
3) Unstable "High Risk" patients and those receiving interventions outside the scope of the PIFT module will require the sending facility to provide other appropriate staff to assure appropriate clinical care during transport.		
updated 11/07/06		