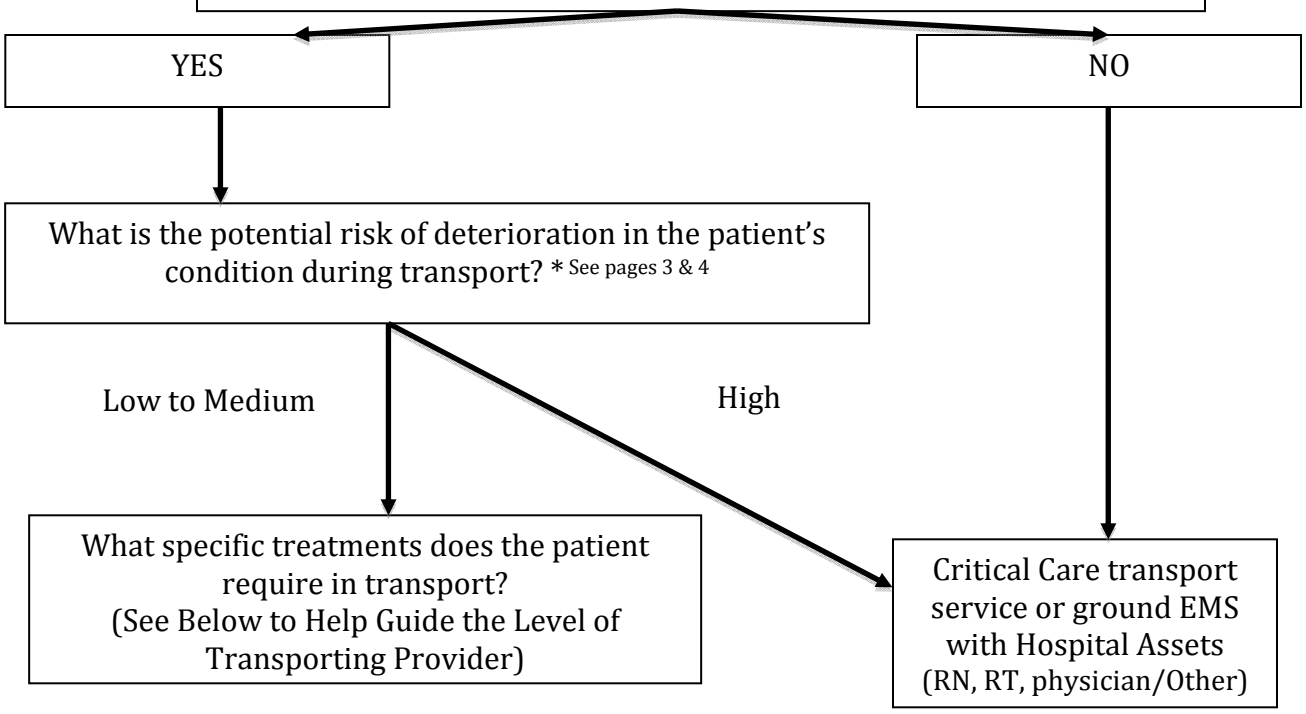
Maine EMS Interfacility Transfer Decision Tree

Is the Patient Stable?

(For assistance with this question, please review the companion material included with this document)

Considerations in the assessment of "stability" include the following:

1) From what disease or injury is the patient suffering?
2) What is the natural history of the disease or injury?
3) Is this a "time critical" or "time sensitive" process?
4) What is the likelihood that the therapies, which have been initiated, will maintain the stability of the patient?
5) Will the selected therapies require adjustment en route to maintain stability and is such an adjustment within the scope of practice and competency of the chosen providers?



NOTE: Also consider the need for rapid transport in Time Critical or Time Sensitive Illnesses, which may demand the needs of an air-medical transport.

When Arranging for EMS Interfacility transfer, the following information must be conveyed to the transferring service, preferably by the treating physician or a nurse involved in patient care.

1) Patient Age/Gender
2) Chief Complaint
3) Working Diagnosis
4) Current Vital Signs
5) Current Treatments
   a. (IV, O2, Medications, Monitor, etc)
6) Potential Transport Orders
   a. (Pain Management, IV Fluids, etc.)
7) Destination Facility
8) Brief History of Present Illness
9) Precautions Needed
10) Special Considerations
11) Time Frame for Transport

EMS Must Be Provided With the Following Information BEFORE Transporting Patients:

1) EMTALA Forms
2) Patient Demographics
3) Medication Administration Records for the current day
4) Transfer Orders
5) Involuntary Committal Papers
6) Appropriate Patient Records

The Following May Also Be Appropriate for the Receiving Facility: Copies of Chart/Radiographs, Patient Personal Items, etc.

Maine EMS Interfacility Transfer Decision Tree, cont.
Therapy/Provider Level Cross-Reference Matrix

(Refer to EMS protocol for additional medication specifics & procedure information)

Therapy	Basic	EMT-I	EMT-P	PIFT Paramedic
O2	X	X	X	X
Saline Lock	X	X	X	X
Non-medicated Fluid (NS, LR)	X *(KVO & no pump)*	X	X	X
Non-medicated Infusion pumps		X	X	X
ECG Monitor		X *(limited use)*	X	X
Advanced Airway			X	X
Medications *(see protocols)*			X *(see protocols)*	X *(see protocols)*
Anticoagulants				X
Anticonvulsants				X
Antidiabetics				X
Antidysrhythmics				X
Antihypertensives *(ace inhibitors, Ca channel blockers, diuretics, alpha & beta blockers)*				X
Anti-infectives				X
Antipsychotics				X
Cardiac Glycosides				X
Corticosteriods				X
Drotrecogin				X
GI Agents *(H2 blockers, PPI's, antiemetics, somastatin or its analogues)*				X
Medicated IV Fluids, Electrolytes *(dextran, albumin & hetastartch)*				X
Narcotics *(all routes except epidural)*				X
Parenteral Nutrition & Vitamins				X
Platelet Aggregation Inhibitors *(IIb/IIIa inhibitor)*				X
Respiratory Medications *(beta agonists, anticholinergics, mucolytics & steroids)*				X
Sedatives *(benzodiazepines, barbiturates)*				X
Vasoactive Agents *(antihypertensives, pressors & sympathomimetics)*				X
OTC *(as part of care plan)*				X
OG/NG clamped or to suction				X
***Wound Vac** *(non patient centric)*				X
PCA				X
Continuous bladder irrigation				X
Chest tube to water seal or Heimlich valve				X
Central line				X
Transvenous pacemakers				X

Items that MAY NOT be transported by Maine EMS Providers without additional staff (RN, RT,etc)

- Ventilators
- Blood Products
- Anesthetic agents (i.e. propofol)
- Medication classes not listed on the MEMS formulary or PIFT list
- Other specialty devices not approved for the PIFT program by Maine EMS and the MDPB

The following is from the DOT's National Highway Traffic Safety Administration's publication, *Guide for Interfacility Patient Transfer*.

"***Levels of Patient Acuity*** – In order to provide safe and effective care, provider capabilities must match the patient's current and potential needs. It is important to have consistent terminology to define the levels of patient acuity. For each level, examples are provided of the types of needs the patient might have and the level of care likely to be required at each level. " page 5, NSTHA's *Guide to Interfacility Patient Transfer*

NHTA Term	Example Types of Need	Maine EMS Level of Care
Stable with No Risk for Deterioration	Oxygen, monitoring of vital signs, saline lock (basic emergency medical care)	EMT-Basic, EMT-I, or EMT-P (Depending on Patient Need)
Stable with Low Risk of Deterioration	Running IV, some IV medications including pain medications, pulse oximetry, increased need for assessment and interpretation skills (advanced care)	EMT-I vs. EMT-P (Depending on Patient Need)
Stable with Medium Risk of Deterioration	3-lead EKG monitoring, basic cardiac medications, e g , heparin or nitroglycerine Medications in PIFT Formulary (advanced care +)	PIFT
Stable with High Risk of Deterioration	Patients requiring advanced airway but secured, intubated, on ventilator, patients on multiple vasoactive medication drips (advanced care +), patients whose condition has been initially stabilized, but has likelihood of deterioration, based on assessment or knowledge of provider regarding specific illness/injury	Critical Care Transport
Unstable	Any patient who cannot be stabilized at the transferring facility, who is deteriorating or likely to deteriorate, such as patients who require invasive monitoring, balloon pump, who are post-resuscitation, or who have sustained multiple trauma (critical care or available crew with time considerations)	Critical Care Transport

NOTE: It is recommended that each hospital identify individuals capable of assisting the sending physician with selection of the appropriate transport resource. Many institutions have on site physicians who are experienced in decision-making regarding Transport Medicine (Emergency Physicians or EMS/PIFT Medical Directors). If indecision persists after using this tool, please refer to your local physician support or discuss your concerns in consultation with the receiving facility.

The sending physician should document his/her medical decision-making regarding the level of care and the provision for providing on-line medical control during transport. These transports should be captured by the sending and receiving facility's quality improvement programs to ensure adequate provision of care.

Unstable = Minimum definition: Requiring intervention to respond to and/or stabilize mental status or vital sign abnormalities within 2 hours prior to request for transfer. All patients in an emergency department requiring transfer should be considered unstable unless you can specifically convince yourself otherwise. Examples of classes that are unstable include but are not limited to: Status asthmaticus, COPD exacerbation requiring continuous nebulizer treatment, GI bleed with hypotension, tachycardia, or blood transfusion in response to vital sign changes, acute MI with cardiogenic shock or pulmonary edema , trauma patients requiring more than one fluid bolus to address a vital sign abnormality, any acutely intubated patient, toxic exposures with vasoactive substances and vital sign abnormalities, etc. Also consider the in---patient destination of the patient. A patient who will require ICU or step down unit care on arrival at the receiving facility will almost always be unstable by definition. However, do not assume that a patient whom you would admit to a floor bed is stable. In a hospital, the ability to rapidly move patients who decompensate to intensive care means that high---risk potentially unstable patients may be admitted to a floor bed. Always use your judgment and err on the side of patient safety.

* High potential for instability = Airway issues, labile blood pressure, ongoing uncontrollable bleeding, respiratory distress requiring support (CPAP / BiPAP, NIPPV), etc. Examples of high potential for instability include but are not limited to: Airway foreign body not currently obstructing but with potential for acute airway obstruction, acute MI with ongoing chest pain or ST---Segment elevation, multiple long bone fractures with any vital sign abnormalities, etc. Always use your judgment and err on the side of patient safety.

3 CCT = Critical Care Transport. Maine EMS does not currently define "Critical Care Transport" as all interfacility transports are guided by EMTALA and the responsibility for choosing the proper team configuration lies solely with the sending hospital and clinician. However, Maine EMS does define (and oversee) all non---critical care EMS. Standard EMS crews (including single paramedic PIFT transports) are determined to be neither authorized nor appropriate to perform any transport of a patient deemed to be "unstable" or to have a "high potential" to become unstable.

1. 4 Certain conditions that are time sensitive but do not cause instability such as digit amputations with a potential for reimplantation will benefit from the fastest transport possible.