



# Patient Destination

EMS ADMINISTRATION 501

<b>PURPOSE</b>	<p>I. To assist in determining the most appropriate receiving facility for patients transported as part of an EMS response.</p>															
	<b>POLICY</b>	<p><b>I. APPROVED EMS RECEIVING FACILITIES</b></p> <p>A. Patients shall be transported to the nearest appropriate California licensed emergency receiving facility which is equipped, staffed and prepared to receive emergency cases and administer emergency medical care appropriate to the needs of the patient as set forth herein.</p> <p><b>NOTE:</b> This does not preclude the transport of a patient to other facilities during the course of nonemergency inter-facility transfers (IFTs) or scheduled non-emergency transports at the request or direction of the patient's private physician.</p> <p>B. Approved receiving facilities within Napa County include:</p>														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #D9EAD3;"> <th style="text-align: left;">Facility Name</th> <th style="text-align: left;">ED Status</th> <th style="text-align: left;">Designations</th> <th style="text-align: left;">Location</th> </tr> </thead> <tbody> <tr> <td>Adventist Medical Center St. Helena (SHH)</td> <td>Stand-by</td> <td>-STEMI</td> <td>10 Woodland Rd. St. Helena, CA 94574</td> </tr> <tr> <td>Queen of the Valley Medical Center (QVMC)</td> <td>Basic</td> <td>-Base Hospital -STEMI -Stroke -Trauma – Level III</td> <td>1000 Trancas St. Napa, CA 94559</td> </tr> </tbody> </table>				Facility Name	ED Status	Designations	Location	Adventist Medical Center St. Helena (SHH)	Stand-by	-STEMI	10 Woodland Rd. St. Helena, CA 94574	Queen of the Valley Medical Center (QVMC)	Basic	-Base Hospital -STEMI -Stroke -Trauma – Level III	1000 Trancas St. Napa, CA 94559	
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<p><b>II. DESTINATION DETERMINATION</b></p> <p>A. The destination for patients shall be based upon the clinical capabilities of the receiving facility and the patient's condition. Although the criteria listed below are the primary factors for determining the appropriate destination for patients, when the patient's condition is unstable or life threatening, the patient should be transported to the closest appropriate hospital.</p> <p>B. The following factors may also be considered in determining patient destination:</p> <ol style="list-style-type: none"> <li>1. Patient request.</li> <li>2. Family request.</li> <li>3. Patient's physician request or preference.</li> </ol> <p>C. Destination For STEMI Patients</p> <ol style="list-style-type: none"> <li>1. Patients with suspected acute coronary syndrome and/or a documented STEMI shall be transported to the closest STEMI Receiving Center.</li> <li>2. Approved STEMI Receiving Centers:               <ol style="list-style-type: none"> <li>a. Adventist Medical Center St. Helena.</li> <li>b. Queen of the Valley Medical Center.</li> <li>c. Kaiser Permanente Vallejo Medical Center.</li> </ol> </li> </ol>																

3. If the closest STEMI Receiving Center is not available the patient shall be taken to the next closest appropriate STEMI receiving center.

D. Destination For Suspected Stroke Patients

1. Suspected stroke patients shall be transported to the closest Stroke Receiving Center.
2. Approved Stroke Receiving Centers:
  - a. Queen of the Valley Medical Center.
  - b. Kaiser Permanente Vallejo Medical Center.
  - c. Sutter Solano Medical Center.
3. If the closest Stroke Receiving Center is not available, the patient shall be taken to the next closest appropriate Stroke Receiving Center.

E. Destination For Major Trauma Patients

1. Major trauma patients (e.g. those patients meeting trauma triage criteria) shall be transported as follows:
  - a. Less than (<) sixty (60) minutes transport time to a trauma center - patients shall be transported to the closest appropriate trauma center.
  - b. Greater than (≥) sixty (60) minutes transport time from a trauma center - patients may be transported either to the closest hospital with an emergency department (ED) or directly to the closest appropriate trauma center upon base hospital physician direction.
  - c. Special consideration for safety and timeliness of transport should be exercised when utilizing an EMS aircraft within urban density areas located within the Napa County EMS system.
2. Notwithstanding the above, patients with the following conditions shall be transported to the closest appropriate emergency department:
  - a. Pulseless, non-breathing following trauma.
  - b. Unstable or unmanageable airway.
  - c. Overall transport time to trauma center greater than (≥) sixty (60) minutes - may be waived upon direct order of base hospital physician.
  - d. Base hospital physician order.
3. Approved Napa County Trauma Center
  - a. Queen of the Valley Medical Center (Level III Trauma Center) - capable of receiving all trauma with 24/7 neurosurgical capabilities (Helipad On-Site).

F. Destination For Pediatric Trauma Patients

1. Pediatric patients (less than [<] fifteen [15] years of age) with major trauma should be transported by EMS helicopter to UCSF Benioff Children's Hospital Oakland (CHO) or UC Davis Medical Center (UCD) with the following exceptions:
  - a. Greater than (≥) sixty (60) minutes transport time to CHO / UCD unless otherwise authorized by base hospital.

POLICY

- b. Special consideration for safety and timeliness of transport should be exercised when utilizing an EMS aircraft within urban density areas located within the Napa County EMS system.
  - 2. Notwithstanding the above, pediatric patients with the following conditions shall be transported to the closest appropriate emergency department:
    - a. Pulseless, non-breathing following trauma.
    - b. Unstable or unmanageable airway.
    - c. Rapidly deteriorating vital signs.
    - d. Overall transport time to pediatric trauma center greater than (>) sixty (60) minutes may be waived upon direct order of base hospital physician.
    - e. Base hospital physician order.
- G. Destination For Burn Patients
  - 1. Consider direct transport to UC Davis Medical Center (UCD) for major / critical burns.
  - 2. Base hospital contact is required in these instances.
  - 3. EMS Aircraft should be considered.

OTHER REGIONAL TRAUMA CENTERS

Facility Name	Trauma Center Level	Helipad
Santa Rosa Memorial (SRMH)	Level II	Yes
North Bay Medical Center (NBMC)	Level III	Yes
Kaiser Permanente Vacaville Medical Center (KVV)	Level II	Yes
John Muir Medical Center, Walnut Creek (JMMC)	Level II	Yes
Marin General Hospital (MGH)	Level III	No
San Francisco General (SFG)	Level I	No
UC Davis Medical Center (UCD)	Level I Adult/Pediatric	Yes
Sutter Eden Hospital (Eden)	Level II	Yes
Highland Medical Center (Highland)	Level II	No
UCSF Benioff Children's Hospital Oakland (CHO)	Level I Pediatric	Yes



# Hospital Notification

PURPOSE

- I. To outline communication responsibilities when a patient is transported from the field to a receiving facility and to identify what should be done when communication is disrupted.

POLICY

## I. RECEIVING FACILITY NOTIFICATION

- A. The receiving facility will be notified, by the ambulance crew, that a patient(s) is enroute to their facility, via ambulance, unless communication has been established with a base hospital, and the base hospital has been requested to contact the receiving facility.
- B. Basic Hospital Notification Information:
  - 1. Unit ID
  - 2. ETA
  - 3. Patient profile (age, gender, weight)
  - 4. Chief Complaint
  - 5. Treatment and response to treatment

## II. AMBULANCE COMMUNICATIONS

- A. When communication with a base hospital has not been established, the ambulance will notify the receiving facility.
- B. Each receiving facility shall have a dedicated phone line and Med Net located at an area which is designated for ambulance communication.
  - 1. The phone line is to be used only to receive communications from EMS units.
  - 2. Communications via landline will conform to the same policies and procedures that govern ambulance communications via radio communication.
  - 3. Each ambulance will maintain a list of the dedicated landline telephone numbers for each receiving facility.

## III. RADIO LOG

- A. Each receiving facility will continuously maintain a log book at the area designated for ambulance communication.
- B. Legal Document: This log is a medical legal document and will be retained at the receiving facility for seven (7) years.
- C. Contents: All communications by time in chronological order. This will include a brief description of all communications received or transmitted (e.g., patient cases, daily radio tests).
- D. Notation of patient cases within the radio log will include, at a minimum:
  - 1. "Event Number" assigned to the EMS call
  - 2. Patient's chief complaint/problem.
  - 3. Name of Radio Nurse who received the call
  - 4. Pertinent comments

#### IV. SPECIALTY CARE CENTER ALERTS

- A. When a prehospital patient requires care from a Specialty Care Center, early notification is in the best interest of the patient and shall be performed and documented on PCR/ePCR.
- B. STEMI Alert:
  - 1. Basic Hospital Notification Information
  - 2. 12-Lead ECG indicates STEMI or suspected STEMI
- C. Stroke Alert
  - 1. Basic Hospital Notification Information
  - 2. Last Known Well Time
- D. Trauma Alert
  - 1. Basic Hospital Notification Information
  - 2. Mechanism
  - 3. Injuries
  - 4. Vital Signs

#### V. DISRUPTED BASE HOSPITAL COMMUNICATION

- A. When a paramedic is directed by a field treatment guideline to contact the Base Hospital and he/she is unable to establish or maintain contact and determines that a delay in treatment may jeopardize the patient, the paramedic may initiate indicated ALS care as specified in the Field Treatment Guidelines until Base Hospital contact can be established or until the patient is delivered to the closest appropriate receiving hospital. The paramedic shall transport the patient as soon as possible while providing necessary treatment enroute.
- B. If ALS procedures normally requiring Base Hospital contact are performed under disrupted communications, the paramedic shall:
  - 1. Immediately following delivery of the patient to the receiving hospital:
    - a. Complete the ePCR documenting the ALS skills performed;
    - b. Notify Napa Central Dispatch of the communication problem, if the paramedic suspects that any radio problem was due to a situation other than geographical location.
  - 2. Within twenty-four (24) hours, send a copy of the completed PCR/ePCR and a written report explaining the reason(s) or suspected reason(s) for communication failure to the paramedic provider agency EMS Coordinator. The paramedic shall be prepared to demonstrate that the treatment delivered was appropriate.



PURPOSE

- I. To provide a system-wide mechanism for receiving hospitals to divert ambulances to other facilities when their ability to provide appropriate care for patients has been compromised.

POLICY

## I. BYPASS ELIGIBILITY

- A. A facility is eligible for CT Diversion when all CT scanners are inoperative. CT diversion is applicable for patients requiring an emergency CT scan, e.g. symptoms of acute stroke or closed head injury.
- B. A STEMI Receiving Center is eligible for STEMI Diversion when the cardiac catheterization (cath) lab becomes inoperative due to maintenance or equipment failure.
- C. A facility is eligible for Internal Diversion when a “physical plant” internal disaster has occurred that has rendered ED services unavailable to the public, e.g. bomb threat, fire, power outage or an internal systems failure that compromises the ability of the hospital to provide safe patient care.
- D. A trauma center may be considered eligible for diversion when the patient being transported meets Trauma Center criteria and any one (1) of the following conditions exists:
  - 1. The trauma surgeon(s) are encumbered in emergency resuscitation or operative procedures and are anticipated to be involved for an extended period of time.
  - 2. The anesthesiologists are involved in emergency resuscitation or operative cases and are anticipated to be involved for an extended period of time.
  - 3. All operating room personnel are involved in emergency resuscitation or operative cases.

## II. BYPASS PROCEDURE

- A. The on call hospital administrator or designee shall be notified and must approve the bypass status change prior to actual bypass of patients.
- B. The emergency department supervisor or designee shall make the diversion status change in EM Systems.
  - 1. In the event of an EM Systems outage, contact the EMS Duty Officer by calling (707) 312-2290.
- C. The bypass event shall be discontinued as soon as the situation resulting in diversion is resolved. This bypass event will be evaluated after two (2) hours and every hour thereafter.
- D. Any ambulance transport to the facility initiated prior to the status change shall continue to that facility and shall not be redirected.
- E. To re-establish normal ambulance traffic and acceptance of all patients, the supervisor or designee shall update their status in EM Systems.
  - 1. In the event of an EM Systems outage, contact the EMS Duty Officer by calling (707) 312-2290.

**III. AMBULANCE DIRECTION**

- A. Patients demonstrating neurological signs/symptoms of stroke or acute head injury shall be transported to the closest most appropriate specialty center not on diversion.
- B. Patients demonstrating signs/symptoms of acute coronary syndrome has a 12 lead showing a STEMI or is a cardiac arrest warranting transport shall be taken to the closest most appropriate specialty center not on diversion.
- C. Patients shall be transported to the next closest appropriate facility when a hospital is on Internal Diversion.

**IV. ADDITIONAL REQUIREMENTS**

- A. Receiving facilities shall monitor and review all incidents of diversion and will submit reports to the EMS Agency when requested.
- B. The Napa County EMS Agency may send EMS Agency staff at any time to the facility on diversion to verify the reasons given for diversion.
- C. The Napa County EMS Agency reserves the right to deny diversion approval based on overriding community need, impending EMS system need or determination that diversion criteria are unmet.



# Inter-Facility Transfers

<b>PURPOSE</b>	<ul style="list-style-type: none"><li>I. To outline the responsibility of the hospitals in the Napa County EMS system to provide emergency medical services and to assure that patients requiring transfer to another facility, for any reason, will be transferred safely and without delay.</li><li>II. Hospitals and transport providers within the Napa County EMS system shall adhere to any and all standards set forth here when transferring a patient to another facility.</li></ul>
<b>POLICY</b>	<ul style="list-style-type: none"><li><b>I. BASIC RESPONSIBILITIES FOR TRANSFER</b><ul style="list-style-type: none"><li>A. A variety of reasons may exist for the transfer of a patient to another hospital or health facility including:<ul style="list-style-type: none"><li>1. Needed services not available at the transferring facility;</li><li>2. A shortage of needed beds at the transferring facility;</li><li>3. Patient request;</li><li>4. Patient repatriation;</li><li>5. Patient needing a lower level of care.</li></ul></li><li>B. Hospitals licensed to provide emergency services must fulfill their obligation under the California Health and Safety Code to provide emergency treatment to all patients regardless of their ability to pay. Transfers made for reasons other than immediate medical necessity must be evaluated to assure that the patient can be safely transferred without medical hazard to the patient's health and without decreasing the patient's chances for or delaying a full recovery. In these cases, physicians and hospitals should take a generally conservative view, deciding in favor of patient safety.</li><li>C. Patient transfers involve the following physician and hospital responsibilities:<ul style="list-style-type: none"><li>1. Each hospital is expected to process all transfers in accordance with Title 22 of the California Code of Regulations, Chapter 1240 of the 1987-88 California Legislative Session, the Joint Commission on Accreditation of Hospital Standards, the OSHA Consent Manual and those conditions specified by these transfer guidelines.</li><li>2. Each hospital shall have its own written transfer policy clearly establishing administrative and professional responsibilities.</li><li>3. Transfer agreements must also be negotiated and signed with hospitals that have specialized services not available at the transferring facility. In addition, hospitals seeking consent to transfer patients to county hospitals shall execute formal transfer agreements implementing these guidelines.</li></ul></li><li>D. All hospitals with basic emergency room permits must maintain a roster of specialty physicians available for consultation at all times. Hospitals shall ensure that physician specialists or services are available for the treatment of emergency patients regardless of ability to pay.</li><li>E. All hospitals with stand by emergency room permits must have transfer agreements with other hospitals that maintain a roster of specialty physicians available for consultation at all times.</li></ul></li></ul>



- F. Notwithstanding, the fact that the receiving facility or physicians at the receiving facility have consented to the patient transfer, the transferring physician and facility have responsibility for the patient until arrival at the receiving hospital. The transferring physician, in consultation with the receiving physician, decides what professional medical assistance should be provided for the patient during the transfer.
- G. The transferring physician has a responsibility to candidly and completely inform the receiving physician of the patient's condition so that the receiving physician can make suitable arrangements to receive the patient.
- H. A hospital shall not accept a patient in transfer when the appropriate level of care cannot be provided.

## II. TRANSFER STANDARDS

- A. Patient Safety - Physicians considering patient transfer should exercise conservative judgment, always deciding in favor of patient safety.
- B. Emergency Care - If the patient presents themselves to an emergency room, the transferring physician or other appropriate medical personnel operating under a physician's direction, must examine and evaluate the patient to determine if the patient has an emergency medical condition or is in active labor and if so, perform emergency care and emergency services until a transfer can be arranged to an appropriate facilities where services and qualified personnel are available.
- C. Emergency Medical Condition - The term "emergency medical condition" means a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in
  - 1. Placing the patient's health in serious jeopardy;
  - 2. Serious impairment to bodily functions, or
  - 3. Serious dysfunction of any body organ or part; or
  - 4. Potential for death.
- D. Active Labor - The term "active labor" means labor at a time at which:
  - 1. There is inadequate time to safe transfer to another hospital prior to delivery; or
  - 2. A transfer may pose a threat to the health and safety of the patient or unborn child.
- E. Unavailability of Services - Facilities and personnel for emergency care and emergency services shall be consistently available to patients regardless of ability to pay. If, however, a transferring physician is, for whatever reason, faced with the unavailability of needed emergency facilities and/or personnel and therefore a greater risk exists to the patient if there is no transfer, then the transferring physician may initiate transfer and the receiving physician may accept the transfer.
- F. Consent of Receiving Physician - No transfer shall be made without the consent of the receiving physician and confirmation by the receiving hospital that the patient meets the hospital's admissions criteria relating to appropriate bed, personnel and equipment necessary to treat the patient.

- G. Medical Fitness of Patient - For all other circumstances except those outlined above, the transferring physician must determine whether the patient is medically fit to transfer. This determination may include but should not be limited to:
1. Establishing and assuring an adequate airway and adequate ventilation;
  2. Initiating control of hemorrhage;
  3. Stabilizing and splinting the spine or fractures;
  4. Establishing access routes for fluid administration as needed;
  5. Initiating fluid and/or blood replacement as needed;
  6. Determining that the patient's vital signs (including blood pressure, pulse, respirations as indicated) are sufficient to sustain adequate perfusion. The vital signs should remain within these parameters for a reasonable period of time prior to transfer;
  7. Determining that the patient has a stable level of consciousness for a reasonable period of time prior to transfer;
  8. Providing that patient receives cardiac monitoring, if appropriate; and
  9. In the case of pregnant women, determining with reasonable certainty that delivery will not occur during the expected duration of transfer and that neither the mother nor fetus show any signs of distress.
- H. Advisement of Patient - The patient or the patient's legal representative must be advised, if possible, of the need for the transfer and the alternatives, if any, to the transfer as well as adequate information regarding the proposed transportation plans and the benefits and risks, if any, of the proposed transfer.
- I. Patient Needs - Once the decision to transfer the patient has been reached, every effort should be made to transfer as rapidly and safely as possible. The transferring physician must take into account the needs of the patient during transport and the ability of the transport personnel to care for the patient.
- J. Scope of Practice of Transport Personnel - Transport personnel are not authorized and will not provide services beyond their scope of practice. Should services beyond scope be required, a person qualified in its performance shall accompany the patient during transport.

### **III. TRANSFER PROCEDURES FOR PATIENTS WITH DNR ORDERS**

- A. Patients who are being transferred with Do Not Resuscitate (DNR) orders shall also have orders to the effect of the destination of the patient in the case of death during transfer. Options for destination include the patient's intended receiving facility (e.g. home, skilled nursing home, hospital), pre-determined funeral home or the coroner's office.
- B. It shall be the responsibility of the transferring facility and the provider of the transport to ensure that these arrangements have been made prior to the initiation of the transfer.

### **IV. EXCEPTIONS TO TRANSFER PROCEDURE**

- A. If an Advanced Life Support (ALS) transfer unit is unavailable, the transferring physician may request a Basic Life Support (BLS) unit staffed with at least one (1) Registered Nurse (RN) and appropriate equipment.

## V. PREARRANGED TRANSFER AGREEMENTS

- A. Inter-facility transfers shall be accomplished by prearranged transfer agreements between the transferring and receiving hospitals and transport shall be performed by an ALS ambulance, BLS ambulance, wheelchair / gurney car in accordance with this policy. The designated ALS transfer units shall be ALS equipped and staffed to the level required of ALS emergency response ambulances in Response and Transportation Section of Napa County EMSA policy manual. If patient transport needs exceed the paramedic scope of practice, then the transferring physician will order a critical care or emergency care level Registered Nurse and any other personnel, equipment or supplies necessary for patient care.

## VI. ADDITIONAL REQUIREMENTS FOR TRANSFER FOR NON-MEDICAL REASONS

- A. When patients are transferred for non-medical reasons such as an inability to pay; the transferring hospital must follow all of the above requirements. In particular, the transferring physician must ensure that emergency care and emergency services have been provided and shall determine that the transfer would not create a medical hazard to the patient and would not decrease that patient's chances for or delay the patient's full recovery. The transferring physician must verify these determinations on the patient transfer form. The transferring physician must still arrange for an accepting physician at the receiving facility.

## VII. SCOPE

- A. This policy addresses the inter-facility transfer of patients accompanied by prehospital care personnel. This policy applies to transfers originating at a facility in Napa County with destination within or out of the same region. The EMTs and paramedics may perform any activity identified in their scope of practice, California Administrative Code, Title 22, Division 9, which has been approved by their local EMS Agency.

## VIII. TRANSFER DETERMINATION

- A. Attending physician makes a determination that an inter-facility transfer is needed and the level of transfer care required, as defined in "Guidelines for Determining Level of Transfer" following:
  1. Receiving physician and facility agree to accept patient.
  2. Transferring facility requests appropriate level transfer unit from an EMS provider unless agreed between transferring and receiving facility that receiving facility is to make arrangement.
  3. Transferring facility will advise EMS provider of the following:
    - a. Patient's name.
    - b. Diagnosis/level of acuity.
    - c. Destination.
    - d. Transfer date and time.
    - e. Unit transferring patient.
    - f. Level of transfer requested.
    - g. Sending/receiving doctor's name.
    - h. Treatment received.
    - i. History, medication, allergies and orders.
    - j. Special equipment with patient.

4. If patient requires a ventilator, respirator or in situations where additional airway management may be advantageous, a respiratory therapist or R.N. will accompany patient to assist in airway management.
5. The EMS provider agrees to accept the transfer based on reported information and advises ETA of transfer unit.
6. The transfer unit notifies their operational area dispatch of destination per county protocol.

**IX. GUIDELINES FOR DETERMINING LEVEL OF TRANSFER**

Basic Life Support	<ul style="list-style-type: none"> <li>• EMT staffed transfer by BLS ambulance</li> </ul>
Advanced Life Support	<ul style="list-style-type: none"> <li>• Paramedic staffed transfer on ALS equipped ambulance</li> </ul>
RN (CCT/Air Ambulance)	<ul style="list-style-type: none"> <li>• R.N. (s) in attendance on ALS equipped ambulance with additional staff as appropriate (EMT, Paramedic)</li> </ul>
Physician	<ul style="list-style-type: none"> <li>• Physician in attendance on ALS equipped unit with additional staff as appropriate (EMT, Paramedic, R.N.)</li> </ul>

<b>Determination of level of transfer required. (X=Minimum level of service required)</b>	<b>BLS</b>	<b>ALS</b>	<b>CCT/RN</b>	<b>MD/DO</b>
Vital signs stable	X			
Oxygen by mask or cannula	X			
Level of consciousness stable	X			
IV fluids running (no additives)	X			
Continuous respiratory assistance needed (including ventilations)			X*	
Peripheral IV medications running or anticipated (refer to following chart)				
IV medications outside county protocols running or anticipated			X	
Central IV line in use	X			
PA line in use			X	
Arterial line in place			X	
Temporary pacemaker in place			X	
ICP line in place			X	
IABP in place			X	
Paramedic level interventions		X		
Chest tube – monitor previously established		X		
Neonatal transport			X	
Medical interventions/changes anticipated				X

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X\* Respiratory Therapist or RN

**X. COMMUNICATION**

- A. Transport personnel shall receive appropriate patient status report from transferring physician and/or R.N.
- B. The paramedic shall receive the transferring orders from the transferring physician prior to leaving the hospital, including a telephone number where the transferring physician can be reached during the patient transport.
- C. Copies of all pertinent medical records, lab reports, x-rays and transfer forms accompany patient to receiving facility.
- D. Transport personnel shall receive the patient's report and confirm appropriate level of care for transfer. If transport personnel and transferring physician are unable to agree, they will confer with the base hospital physician.
- E. All levels of transfer will have a patient care record completed by the transport personnel.

**XI. TRANSFER SUMMARY**

- A. The records transferred with the patient shall include a "transfer summary" signed by the transferring physician which contains relevant transfer information. The form of the "transfer summary" shall, at a minimum, contain the patient's name, address, sex, race, age and medical condition; the name and address of the transferring doctor or emergency department personnel authorizing the transfer; the time and date the patient was first presented at the transferring hospital; the name of the physician at the receiving hospital consenting to the transfer and the time and date of the consent; the time and date of the transfer; the reason for the transfer; and the declaration of the signor that the signor is assured, within reasonable medical probability, that the benefits of the transfer outweigh any medical risk to the patient.
- B. Neither the transferring physician nor transferring hospital shall be required to duplicate in the "transfer summary" information contained in medical records transferred with the patient. In addition, the "transfer summary" shall include any other information pertinent to patient care as outlined in this policy.

**XII. MEDICATIONS APPROVED FOR ALS TRANSFERS**

- A. Advanced Life Support Providers are approved to monitor medications identified on the Napa County EMS adult and pediatric medication lists.
- B. In addition to the standard medication list, ALS providers are approved to monitor Morphine Sulfate and Potassium Chloride  $\leq 40$  mEq.

**XIII. APPROVED FOR BLS TRANSFERS**

- A. Monitor IV lines delivering intravenous glucose solutions or isotonic balanced salt solutions including lactated ringers for volume replacement.
- B. Monitor, maintain and adjust as necessary to maintain a preset rate of flow and/or turn off the flow of intravenous fluid.
- C. Transfer a patient, who is deemed appropriate for transfer by the transferring physician and who has nasogastric (NG) tubes, gastrostomy tubes, heparin locks, foley catheters, tracheostomy tubes and/or indwelling vascular access lines, excluding arterial lines.