

Madison County Department of Emergency Medical Services

Standard Operating Guideline



Title	Transfer of Care
Number	041
Adoption Date	1/1/07
Revision Date	
Approved by	Lewis Jenkins, EMS Director



PURPOSE

The purpose of this policy is to insure that patients are transported from the pre-hospital setting in the most appropriate manner. Providers may choose to transfer the care of some patients to a BLS staffed ambulance according to established procedures. This policy outlines the circumstances when this practice may occur.

POLICY

- A. The following **patient criteria** must be met prior to transfer care to a lower level provider:
 1. Patent airway, maintained without assistance or adjuncts.
 2. The patient must be hemodynamically stable.
 3. The patient must be of their normal mental status and not impaired as a result of alcohol or substances.
 4. No mechanism of injury can be present that would warrant a trauma alert or activation.
 5. No cardiac, respiratory, or neurological complaints, and/or suspicion of illness can be present that may warrant intervention, unless the provider taking over care can initiate such care within the scope of their practice (i.e., transferring a cardiac patient from an EMT-Paramedic to an EMT-Intermediate).
 6. The provider who will be taking over care is comfortable with the patient's condition.

- B. The following **situational criteria** must be met prior to transfer of care to a lower level provider:
 1. A turnover may be done only in the case that the transporting provider initiates the same level of care that has been provided for that patient.

 2. Triaging multiple ALS calls:
 - a. Prior to transferring care to the lower level transport unit, the examining provider will reasonably determine that there are no anticipated changes in the patient's present condition.
 - b. No patient will be turned over once advanced scope interventions have been initiated without the order of **medical command** (i.e., if a medic level provider transfers a known hypoglycemic diabetic to a EMT-Enhanced level provider)

 3. Assessment tools that include cardiac and blood glucose monitoring can be used to fully assess the patient and determine eligibility for turnover to a lower level. However, if suspicion of the patient's illness

has prompted the use of a 12-lead ECG, care must be maintained by the higher level provider.

4. In any questionable case, contact medical command as appropriate. All transfers of this type must be properly documented on the MEMS Prehospital Care Report, ensuring the name of the allowing physician is clearly indicated.

C. Transfer of Care between transport units from the same agency:

1. Turnovers of this type will be at the discretion of the DO, and examples include long transports at the end of a 24 hour shift, poor weather transports, etc.
2. Mechanical Problems - if the initial transport unit is unable to complete the transport, the turnover of patient responsibility should be handled as quickly and professionally as possible. Care should be taken not to alarm the patient or the family.

QUALITY ASSURANCE

1. A recently transferred patient that experiences a status change needing to upgrade to an emergent transport or requesting ALS assistance will immediately prompt investigation.
2. Should the retrospective analysis of this program reveal significant deviations from policy or detriment (or potential detriment) to patient care within the system, the program may be repealed at the discretion of the Medical Director and the EMS Director.