Interfacility Protocol

<table>
<thead>
<tr>
<th>Protocol Title:</th>
<th>CCP Interfacility Transport Decision</th>
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</thead>
<tbody>
<tr>
<td>Original Adoption Date:</td>
<td>03/2003</td>
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<td>Past Protocol Updates:</td>
<td>03/2003</td>
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<tr>
<td>Date of Most Recent Update:</td>
<td>December 26, 2013</td>
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<tr>
<td>Medical Director</td>
<td>Cory Vaudt M.D.</td>
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**Purpose:**
The following contingency plan was developed in an attempt to provide the most appropriate care to our patients who meet the definition of requiring critical care interfacility transport.

**Issue:**
1. Physicians and hospital staff have relied on EMT’s and Paramedics to assume care for their critically ill or injured patients for emergency ambulance transport to a regional medical center which provides care and treatment above and beyond the capabilities of community hospitals.

2. Nothing in the Iowa Code prevented an EMT or Paramedic from assuming the care of the patient, and likewise no standards were in place to assure proper training and education of paramedical staff required to complete the transfer.

3. Chapter 132 of the Code of Iowa which was adopted on March 15, 2002 requires ambulance services which wish to transport these critical patients to either:
   a.) Provide additional training to paramedic staff certifying them at the Critical Care Paramedic Level or
   b.) Work with the community hospitals to arrange for nursing or physician staff to accompany patients during the critical care transport.

Those skills which require the expertise of a Critical Care Paramedic as defined in Chapter 132 are as follows:

- BiPap
- Chest Tube Placement – Assist Mode Only
- Chest Tube – Monitoring and Management
- CPAP
- Cricothyroidotomy – Surgical
- Intubation – Digital
- Intubation – Retrograde
- Ventilators, Automated – Enhanced Assessment and Management
- Internal Cardiac Pacing
- Arterial Line – Monitoring and Access Only
- Central Line – Monitoring and Access Only
- Hemodynamic Monitoring
- ICP Monitoring

After reviewing the above skills with hospital staff, the following areas are identified as those which may require protocol development for inter-hospital transport.

- Chest Tube – Monitoring and Management
- Cricothyroidotomy – Surgical
- Intubation – Digital
- Intubation – Retrograde

Any patient who needs any of the above skills may not be transported without having appropriately trained staff attending. While the number of times that these skills will be utilized is limited, it is appropriate for EMS to proceed with authorization at the CCP level to provide timely transport of those who are critically ill or injured.

Plan:
The following decision tree has been created to provide EMS and Hospital staff with clear direction on the steps to take when considering the transport of a patient which needs one of the advanced skills during his/her transport.