Interfacility Protocol

<table>
<thead>
<tr>
<th>Protocol Title:</th>
<th>Medical Control</th>
</tr>
</thead>
<tbody>
<tr>
<td>Original Adoption Date:</td>
<td>05/2009</td>
</tr>
<tr>
<td>Past Protocol Updates</td>
<td>05/2009, 12/2013</td>
</tr>
<tr>
<td>Date of Most Recent Update:</td>
<td>October 13, 2014</td>
</tr>
<tr>
<td>Medical Director</td>
<td>Cory Vaudt M.D.</td>
</tr>
</tbody>
</table>

**Purpose:**

This policy is to assure medical control of patients during interfacility transfers between acute care facilities.

**Procedure:**

Depending on the nature of a transport request, an EMS crew may utilize any existing EMS protocols, written transferring physician orders, receiving physician verbal orders, orders obtained from On-Line Medical Control or any combination thereof.

Clear lines of command, patient responsibility, and medical control shall be established prior to transport.

For patients who are under the care of a physician and being transferred to another facility, the Paramedics should follow the orders from the transferring physician. The Paramedic may continue all medications and treatments that have been initiated on the order of the transferring physician providing for the most optimal continuity of care for the patient, as long as they are within their Scope of Practice. If the Paramedic is unfamiliar with a medication class or treatment, s/he should seek counsel from transferring medical staff. In the event the Paramedic encounters a life threatening emergency, they shall revert back to their standard pre-hospital protocols for emergency medical care.

Any treatment provided under a written or verbal order should be documented in the PCR narrative.
**Stable Patients**

The transferring physician shall be the consulting physician should any additional orders or changes to existing orders be needed enroute between facilities.

If the transferring physician is unavailable, attempts should be made to contact the receiving physician for any additional orders or changes to existing orders needed enroute between facilities.

If the transferring and receiving physicians are unavailable, the ECP should revert to the use of existing EMS Protocols and continue to attempt contact with either of the transferring or receiving physicians to obtain appropriate orders.

**Unstable Patients**

If the transferring and receiving physicians are unavailable, existing EMS protocols are not sufficient, or if the patient is unstable, Medical Control for the patient should be established using standard procedures for the use of On-Line Medical Control.

In some situations, consistent with the intent of EMTALA, the transfer of a patient not stabilized for transport may be preferable to keeping that patient at a facility incapable of providing stabilizing care. If the transferring facility cannot provide appropriate medical care or appropriately trained and experienced personnel to accompany the patient, alternative means of transfer, including Critical Care Transport, may be utilized. In these situations ECP’s shall utilize existing EMS Protocols and the receiving facility Emergency Department to obtain all orders.