Interfacility Protocol

<table>
<thead>
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<th>Protocol Title:</th>
<th>Pediatric Ground Transport</th>
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<td>Original Adoption Date:</td>
<td>09/2013</td>
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<td>Past Protocol Updates</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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Procedure:

In the event of a Pediatric Ground Transport request in which no pediatric transport team is available, the Lead Paramedic will:

A. Review the patient data collected by Dispatch, specifically recent vital signs, medical history, most recent physical exam and laboratory values.
B. Without delaying response, discuss the care plan with the receiving physician and the mode of transport which is dependent upon patient acuity, weather conditions, and distance from referring facility.
C. Evaluate the need for additional resources, and coordinate their utilization with the EMS Lieutenant.

2. While Responding to the referring facility, the Lead Paramedic Will:
   A. Obtain further report from Dispatch or referring facility.
   B. Anticipate the patient’s needs, and calculate the anticipated weight-dependent medication doses (if applicable).
   C. Discuss the care plan with responding team members, and assign roles.

3. Upon arrival at the referring facility, the Lead Paramedic will:
   A. Assess the patient’s immediate status including Circulation, Airway, Breathing, and Mental Status while considering the provision of warming measures if necessary.
   B. Receive updated information from referring personnel.
   C. Contact Blank ED Medical Control within 15 minutes of arrival to report initial impression, lab values, and other pertinent information. At this time, the Lead
Paramedic – in consultation with the Medical Control physician - will develop a care plan for transport.

D. As the patient’s condition allows, meet with the patient’s family to provide an update.

E. Prior to leaving the referring facility, the Lead Paramedic will:
   1) Ensure EMTALA forms are complete.
   2) Obtain copies of charts, radiographs, laboratory results, and other pertinent items.
   3) Discuss the plan for treatment and transport, reviewing the risks associated with ground transport with the parent/guardian. Provide directions to the receiving facility, and discuss the ride along policy if applicable.
   4) Secure the patient and medical equipment in preparation for transport.

4. During transport, the Lead Paramedic will:
   A. Monitor and assess the Patient while recording Vital Signs every 15 minutes (or more frequently for the hemodynamically unstable patient).
   B. Immediately notify the receiving physician of any change in condition or deviation from the previously arranged care plan, as condition warrants.
   C. Call report to receiving facility no fewer than 15 minutes prior to arrival.

5. Upon arrival at receiving facility, the Lead Paramedic will:
   A. Transfer care to the receiving personnel, including a verbal report to the receiving physician or designee, and nurse.
   B. Disinfect the transport vehicle and equipment following policy.
   C. Restock vehicle, and return to service by alerting Dispatch.
   D. Complete documentation.