

DEPARTMENT: Poudre Valley Hospital Emergency Medical Services	POLICY DESCRIPTION: SCT- Specialty Care Transports
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APPROVED: 3/11	RETIRED:
EFFECTIVE DATE: 4/11	REFERENCE NUMBER: 218

SCOPE:

Poudre Valley Hospital EMS Division

PURPOSE:

To provide guidelines for the handling of specialty care transports from PVHS hospitals.

POLICY: Specialty Care Transports (SCTs)

- A. This plan outlines the procedures, staffing, and logistics for the Poudre Valley Hospital Specialty Care Transport Service. This plan will provide guidance to the Nurses, Respiratory Therapists, CCL RN, Paramedics, and EMTs who will be tasked with transporting patients to and from Poudre Valley Hospital. This plan is not to be considered all inclusive, and can be adjusted to meet the needs of the patient, system, and hospital. These should, however, indicate MINIMUM standards that must be met.

- B. All transfers of patient care occur from a lower level of care to an equal or higher level of care except for elective transfers for patient convenience or returning a patient to a referring facility/residence. This level of care must be maintained throughout the transport -there shall be no diminution in level of care. The specialty transport team will utilize one SCT Trained (or OB) nurse, one paramedic, and one EMT as a minimum. Additional crew members may be added as dictated by patient care demands. Examples of transfers that this may affect are:
 - a. ICU to ICU – must have SCT Trained RN in attendance
 - b. ED to ICU – must have SCT Trained RN in attendance
 - c. ED/Inpatient to OB with risk of delivery – must have OB RN in attendance
 - d. Peds/Infant Critical Care or ED to Peds/Neonatal ICU – must use Peds specialized transport (Children’s) or have SCT Trained AND Peds RN in attendance. See matrix at the end of this protocol
 - e. Neonatal – must use Neonatal transport service
 - f. Intra-aortic Balloon Pump transports must have SCT Trained RN, Cath Lab RN for management of the pump and RT
 - g. A respiratory therapist will be utilized on any intubated patients, regardless of whether a ventilator bag/valve/mask is used for ventilation

- C. Peds and SCT RNs will have completed basic Specialty Care Transport training in order to function effectively in the transport environment.

- D. Paramedics and EMTs will be pulled from on-duty ambulance operations. Specific paramedics will be identified to perform specialty care transports. These

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paramedics, along with their EMT partners, will provide the transport and operational support required to perform the transports. Paramedics will provide an essential element in patient care by providing paramedic specific services within their scope of practice such as intubation, chest decompression, etc.

- E. Each ambulance is supplied with state mandated basic and advanced life support supplies including COR drugs, narcotics, and assorted other medications. In addition to this basic supply, additional kits are available and stored in the supply closet located by the ambulance entrance. This kit will include syringe pumps, spare vent and IV circuits, and additional critical care specific medications such as NTG drip and Heparin.
- F. Since the transport will be originating from either PVH or MCR, additional specialty medications can be withdrawn from the unit's PYXIS. This procedure will reduce the number of stocked medications and waste.
- G. Replenishment of supplies will be performed by using the existing ambulance service stock located in the supply closet. If additional supplies are required, then central supply will be contacted. It is imperative that the Specialty Care Transport kits are kept stocked and ready for use at all times. It is the responsibility of the on duty SCT paramedics to check out the kits at the beginning of their shifts and to check for first of the month drug expirations or to ensure that the kits have been checked and sealed.
- H. All Specialty Care Transports will be scheduled and coordinated utilizing the on-duty Administrative Supervisor, who will contact the PVH EMS supervisor. **The on-duty EMS supervisor number is 970-689-2462.** If an SCT EMS team is not available, the EMS Supervisor will identify an appropriate EMS transport team. A timely response of less than 15 minutes to PVH is the expectation for the SCT transport team.
- I. The Administrative Supervisor will contact the Critical Care Outreach Nurse to effect the transport. If for any reason this nurse is unavailable, the Administrative Supervisor will contact the PVH ICU Charge RN, who will designate an SCT trained ICU RN to effect the transport. If neither of these options is available, the Clinical Director of the ICU/Specialty Care Transport will be contacted to determine nursing staffing for the transport. The house supervisor will also ensure any additional staff required for the transport is notified and available (RTs and Cath Lab RNs).
- J. On arrival at the hospital, the paramedic and EMT will collect the specialty transport kit and meet the transport RN at patient bedside. Both the paramedic and RN will receive the report and transition all equipment to meet transport requirements. Industry standard transport time at the transferring facility is ~30 minutes – time frames outside of this window preparing the patient for transport need to have a documented reason.
- K. The Administrative Supervisor will assure that all EMTALA/transport paperwork is completed and the SCT RN will assure that written physician orders for care during

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transport are complete and clarified as needed. The patient will then be moved to the ambulance and loaded. All equipment requiring electrical and oxygen connections will be connected and secured to ensure the safety of patients and crews. Transport priority (emergent or non-emergent) will be determined by patient acuity and transport time and will follow currently established guidelines.

Throughout transport, the RN will document the patient condition and trend vital signs while the paramedic ensures that operational and logistical needs are met while assisting with patient care. The RN will function within his/her scope by delegating procedures to the paramedic as needed. Procedures to be delegated include, but are not limited to:

- a. Emergent intubation
 - b. Needle cricothyroidotomy
 - c. Needle decompression of the chest
 - e. Intraosseous line placement
- L. On arrival at the receiving facility, the patient will be unloaded and escorted to the receiving unit. Patient care report will be provided to the receiving staff and care will be transferred. All transport equipment will be disconnected from the patient and returned to the specialty transport kit.
- M. The SCT RN will document appropriate aspects of the nursing process related to the patient on the SCT form. See policy related to SCT documentation for further information. Paramedics will document the specialty care transport by standard means, pulling a run number and completing the chart as normal.
- N. Standard ambulance protocols will be used for skills and medications required to meet patient care needs that fall within the paramedic scope of practice. Any deviation from those protocols will require direct physician orders and will be initiated by the RN.**
- O. Constant communication will be required by both the paramedic and RN in order to provide a high level of patient care. If any question arises regarding protocols or patient care, then the transferring physician or his/her designee as noted on the physician order form will be contacted for clarification.
- P. Patient transports can create situations that cannot be anticipated. While the RN on the team is accountable as the leader for patient care on a Specialty Care Transport, it is expected that all team members will work together to provide the best care possible for the patient, each within their scope of practice. Safety, security, a high level of competency, communication, and flexibility is required by all members of the service to adequately care for these patients in a demanding, ever changing environment.

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Matrix for Pediatric Specialty Care Transport Decision-Making		
	Between PVHS Hospitals	PVHS Hospital to Denver
Illness Severity		
Hi gh	Add Peds RN to SCT crew or TCH	The Children's Hospital
Lo w	EMS when within scope (without changing care to accommodate)	The Children's Hospital
	*Add Peds RN to SCT crew when outside scope of EMS	
All SCT transports include: EMT, Paramedic, SCT RN		
Additional staff may include: MD, Peds RN, OB RN, RT		

REFERENCES: