



Staff Training – 26Apr18

PRIORITY 2 – PATIENT TRANSFERS



Dispatch Protocol

- Calls are “scheduled”
- Crew should arrive 5 minutes prior to transport time to ensure initial assessment can be conducted
- Radio dispatch 10-8 to _____
- Radio dispatch 10-7 at _____





Initial Screening

- Assess the residence first to determine transport needs
- Screen the patient for suitability for a Priority 2 transport
 - Quick History
 - Review any current complaints
 - Set of Vitals – must be stable
 - Screen for respiratory illness



Does not Meet Criteria

- Radio dispatch for municipal paramedics
- Provide on-site emergency care until paramedics arrive
- Chart as if a medical emergency call





Meets Criteria

- Explain to patient the transfer procedure
- Move patient to ambulance
 - Patient comfort
 - Privacy
 - Sheets, etc.
- Transport to destination



Transport Protocol

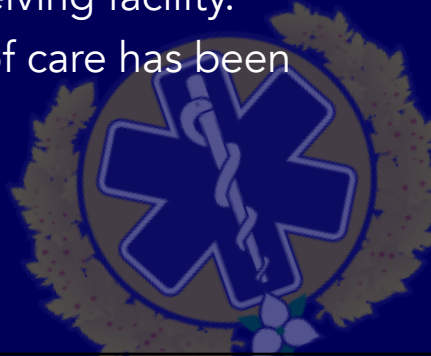
- Radio dispatch that you are 10-8 to the destination priority 2 with a (gender) patient, (age), who is stable for transport
- During the transfer
 - Communicate with the patient and family members
 - Keep them comfortable
 - Attempt to meet their specific needs





Arrival at destination


- Radio dispatch that your 10-7 at the destination
- Bring patient to destination, and provide a brief report to the receiving facility.
- Confirm that transfer of care has been completed.



Returning to Base



- 10-8, 10-19





Documentation

- Each direction is its own call
 - So in other words, home to hospital is one report, hospital to home is another
- Keep it simple, but accurate

Test System

17 / 17 Found (Unsorted)

Records Show All New Record Delete Record Find Sort Share

Layout: PCR View As: Preview

User Name: testuser

Main Menu

Incident No 191-0185

PATIENT MEDICAL CARE REPORT

INCIDENT INFO

Incident Location 999 Candy Lane Date 2018-04-26 Time Call Received 11:01

CTAS Score Vehicle No. 199 Time of Arrival 11:15

Time Cleared 11:40

PATIENT INFO

Patient Name Doe, John Date of Birth 1945-01-10 Gender Male

Address 999 Candy Lane City Sault Ste. Marie Province ON

Postal Code P6A 1Z0 Telephone No 705-999-9999

CHIEF COMPLAINT

Chief Complaint Scheduled Patient Transfer Chief Complaint Code 90 Inter-Facility Transfer

CLINICAL INFORMATION

Initial Assessment
Patient transfer from home to SAH for a medical appointment. Patient meets transfer criteria, no current complaints. Hx. of previous MI, and left leg amputation, unable to ambulate

Past Medical History
None Lung Disease Seizures Heart Problems Stroke/TIA Diabetes Hypertension
 Infectious Disease Cancer Psychiatric

Active Medications hydrochlorothiazide, captopril, ASA

Allergies NKA Unknown morphine

SUPERIOR EMS

Test System

Records 17 / 17 Found (Unsorted)

Layout: PCR View As: [Icons] Preview

TREATMENT PRIOR TO ARRIVAL

Treatment By: _____ Details: _____
 Cardiac Arrest Witnessed by: _____
 CPR Started by: _____
 First Shock by: _____

PHYSICAL EXAMINATION

General Appearance
 left leg amputation

Head/Neck
 Trachea Midline: Trachea Shifted: _____ JVD: _____

Chest
 Air Entry: Bilaterally Breath Sounds: Clear Wheeze Crackles Ribs Absent

Abdomen
 Soft Rigid Distended Tender Mass Pulsatile

Back/Pelvis
 Unremarkable

Extremities
 Unremarkable Peripheral Edema Pedal Pulse Present

TREATMENT

Time	Procedure	Dose	Route	Pulse	Resp	BP	Temp	SpO2	Glcs	Pupils	Pain Scale	Crew ID
11:15	020 Patient Assessment											191
11:18	010 Vital Signs			82	16	120/78	37.1	98	15	ER	0	191
11:19	234 Pt. Transported Semi-Sitting											191
11:40	390 Transfer of Care											191

SUPERIOR EMS

Test System

Records 17 / 17 Found (Unsorted)

Layout: PCR View As: [Icons] Preview

Care Narrative
 patient transfer to SAH completed, patient stable during transport

DISCHARGE

Self: Family: Police: Municipal EMS: Discharge Refusal:

Discharge Time: _____

CREW

Crew 1: Doe, John Badge No: 191
 Crew 2: Doe, Jane Badge No: 291
 Crew 3: _____ Badge No: _____

RESPONSE DETAILS

Warning Systems Used to Scene: None Lights Sirens
 Warning Systems Used to Destination: None Lights Sirens
 Priority: 2 - Scheduled
 Municipal Vehicle No: _____

General Call Notes

Supporting Files



- Questions?

