

Prehospital Transfer of Care

I. PURPOSE

This policy provides guidelines for the transfer of care from non-transport to transport personnel in the prehospital setting, and to provide guidelines for the transfer of care from an on-scene paramedic to an EMT staffed transport ambulance.

II. SCOPE OF DIRECTION AND OVERSIGHT

A. Patient Care Authority

1. The most medically qualified pre-hospital personnel, first on-scene at a medical emergency, shall have patient care management authority.
2. The individual with patient care authority is responsible for the patient until care is turned over to other prehospital personnel or receiving hospital staff.

III. CONTINUUM OF PATIENT CARE

A. First Responder Paramedics

1. First Responder paramedics, when first on scene, should transfer patient care authority and provide a verbal report to the transport paramedics as soon as feasible.
2. The non-transport paramedic shall provide a verbal report of patient assessment and treatment provided, to ensure the continuum of patient care.
3. An electronic health record (EHR) shall be completed and sent with the patient if time permits. If the EHR cannot be completed prior to patient transport, the non-transport paramedic shall complete the EHR and forward it to the Emergency Department (ED) of the receiving facility as soon as possible.

B. Paramedic/EMT Ambulances

1. The paramedic assigned to the ambulance is ultimately responsible for all patient assessment and care.
2. The EMT may accompany the patient in the patient compartment of the ambulance, if:
 - a. In the paramedic's best judgment, the patient does not currently require ALS care and there is no reasonable possibility of the patient requiring ALS care throughout the transport.

IV. TURN OVER OF PATIENT CARE AUTHORITY

A. First Responders, when first on-scene, should transfer patient care authority to the transport paramedics as soon as feasible.

B. A paramedic may transfer patient care authority to BLS transport ambulance, when all of the following circumstances exist:

1. The BLS ambulance is available within a reasonable time.
2. ALS care has not been initiated.
3. It has been determined that ALS care is unneeded during transport.

C. First Responder paramedics or ALS transport ambulances may transfer care of stable patients to BLS transport ambulances within the following guidelines:



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1. Patients must be stable with medical complaints that can be cared for at the BLS level. Before transferring care to the BLS transport ambulance, the examining paramedic will reasonably determine that there are no anticipated changes in the patients' present condition. No patient will be turned over once ALS or advanced scope interventions have been initiated.
 2. ALS assessment tools may be utilized (i.e. ECG 3- and 12-Lead cardiac monitor, and blood glucose level) in order to fully assess the patient and determine eligibility for turnover to BLS.
 3. Patient airway, maintained without assistance or adjuncts.
 4. The patient must be hemodynamically stable. Vital signs should be steady and commensurate with the patients' condition.
 5. The patient must be of their normal mental status and not impaired because of alcohol or substances.
 6. No mechanism or injury that would warrant a trauma alert or activation.
 7. No cardiac, respiratory, or neurological complaints that may warrant ALS intervention.
 8. Except during a declared MCI or when no other ALS transport alternative exists, patients meeting trauma criteria will be considered ALS patients and treated accordingly.
 9. The EMT who will be transporting is comfortable with the patients' condition.
- D. Flight nurses may turn patients over to paramedics. These patients must not have or require any medications or therapies that are outside the paramedic scope of practice.

V. DOCUMENTATION

Documentation of transfer of care shall be made by both transferring and receiving crews, (e.g., "Patient care transferred to AMR paramedic 56 at 0900," and "Patient care accepted from CCC Fire paramedic 115 at 0900").

