

Initial Date: 04/28/2023
Revised Date:

Section: 8-15(S)

Enhanced Paramedic Inter-Facility Patient Transfers and Critical Care Interfacility Patient Transports (MCA Optional Protocol)



Paramedic Use Only

Purpose: To expand the Scope of Practice for ALS EMS providers in the performance of Interfacility Patient Transfers through the requirement of additional education and training.

Medical Control Authorities choosing to adopt this supplement may do so by selecting this check box. Adopting this supplement changes or clarifies the referenced protocol or procedure in some way. This supplement supersedes, clarifies, or has authority over the referenced protocol.

MCA's must submit training curriculum to MDHHS.
MCA's will be responsible for maintaining a roster of the agencies choosing to participate and will submit roster to MDHHS.

- Enhanced Paramedic Inter-Facility Transfers**
- Critical Care Inter-Facility Transfers**

ENHANCED PARAMEDIC INTER-FACILITY PATIENT TRANSPORTS

A. Training:

Only personnel trained under an approved MDHHS and MCA Expanded Scope curriculum may utilize the listed medications or procedures included in this addendum during interfacility transfers without additional/accompanying staff. See **Inter-Facility Patient Transfer Protocol**.

B. Medications:

1. The following medications/fluids (to a maximum of two simultaneously) may be continued during transport by MCA approved ALS personnel. These medications may require the use of an IV infusion pump which will be supplied by the sending facility or the ALS provider. The medications may be monitored by the attending paramedic only and may NOT be titrated or started as a new infusion. Should complications arise, infusions must be discontinued, and medical control contacted. Paramedics must receive training in the use of these medications (per MCA Selection)

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Enhanced Paramedic Interfacility Medications (Per MCA Selection)

- | | |
|---|---|
| <input type="checkbox"/> Amiodarone | <input type="checkbox"/> Magnesium Sulfate |
| <input type="checkbox"/> Antibiotics | <input type="checkbox"/> Nexium (esomeprazole) |
| <input type="checkbox"/> Antifungals | <input type="checkbox"/> Nitroglycerin |
| <input type="checkbox"/> Antihistamines | <input type="checkbox"/> Nitroprusside |
| <input type="checkbox"/> Antivirals | <input type="checkbox"/> NSAIDs |
| <input type="checkbox"/> Beta Agonists | <input type="checkbox"/> Oxytocin (Pitocin) |
| <input type="checkbox"/> Beta Blockers | <input type="checkbox"/> PCA Pumps (closed systems) |
| <input type="checkbox"/> Blood | <input type="checkbox"/> Pepcid (famotidine) |
| <input type="checkbox"/> Calcium Channel Blockers | <input type="checkbox"/> Potassium (up to 20 mEq) |
| <input type="checkbox"/> Calcium Gluconate | <input type="checkbox"/> Protonix (pantoprazole) |
| <input type="checkbox"/> Collids/Crystalloids/Lipids | <input type="checkbox"/> Sodium Bicarbonate |
| <input type="checkbox"/> Electrolytes | <input type="checkbox"/> TPN (Total Parenteral Nutrition) |
| <input type="checkbox"/> Glycoprotein IIa/IIIb Inhibitors | <input type="checkbox"/> Tranexamic Acid (TXA) |
| <input type="checkbox"/> Heparin | <input type="checkbox"/> Vitamins |
| <input type="checkbox"/> Insulin Pumps (closed systems) | <input type="checkbox"/> Zantac (ranitidine) |
| <input type="checkbox"/> Lidocaine | |

2. Medications used from an ALS medication bag will be recorded by the paramedic, per the appropriate medication usage form. Upon arrival at the receiving facility the medication box will be exchanged per protocol. If the receiving facility is outside the West Michigan Regional Drug Bag Exchange program participation area, replacement of the medication box is the responsibility of the sending facility.
3. EMS documentation of the interfacility transfer must include the interventions performed en-route and documentation of personnel involved in specific patient care activities.

C. Skills:

- Chest Tubes/Chest Drainage Units: [C]**

Paramedics in the participating medical control authority may monitor an existing chest tube during transport. The chest tube shall be placed by the sending facility and any necessary equipment will be provided by the sending facility.

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Pressors: [P]

Paramedics in the participating medical control authority may maintain an existing infusion of a pressor medication. Any pressor infusion must be delivered via an IV pump. Agencies and sending facilities should collaborate with regards to equipment necessary for maintenance of pressor infusions. Paramedics may titrate pressor medications based on the parameters in written orders obtained from the sending facility.

tPA: [T]

Paramedics in the participating medical control authority may transport patients receiving tPA, Tissue Plasminogen Activator (Alteplase, Activase), in the presence of acute ischemic stroke, myocardial infarction, pulmonary embolism, central venous catheter occlusion, arterial thrombus or embolism, or other medical indication. In long transports where tPA dosing changes, transition between hospital premixed bags may be performed in transit with written orders, and medication cross check prior to departure from the facility. Agencies and sending facilities should collaborate with regard to equipment necessary for continuation of tPA therapy.

Paralytics/Sedatives: [S]

Paramedics may, to properly manage the mechanically ventilated patient, titrate sedative medications based on the parameters in written orders obtained from the sending facility, and may maintain paralytics as ordered. Agencies and sending facilities should collaborate with regards to equipment necessary for administration of medication infusions.

Ventilators: [V]

Paramedics in the participating medical control authority may maintain, and adjust mechanical ventilation as ordered by a sending facility. Supply of a mechanical ventilator (agency-owned vs. hospital-owned) shall be determined by the medical control authority.

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Insulin: [1]

Paramedics in participating medical control authorities may administer insulin by subcutaneous injection, IV drip or closed system continuous infusion pump based on written orders obtained from the sending facility/attending physician.

Critical Care Patient Inter-Facility Transports

Purpose: To provide hospital facilities, physicians, and medical transport personnel with guidelines to facilitate inter-facility transportation of critically sick and injured patients within Advanced Life Support vehicles. Paramedics must complete and MDHHS approved critical care course.

1. Vehicle, Equipment and Staffing Requirements
 - A. MDHHS Vehicle License. All vehicles conducting Critical Care Inter-Facility Patient Transports must be licensed as transporting Advanced Life Support (ALS) vehicles.
 - B. Equipment. The following is the minimum equipment that will be carried by an ALS vehicle while it is providing Critical Care Inter-Facility Patient Transport, in addition to the equipment required by Part 209, P.A. 368 of 1978, as amended, and local medical control authority protocols:
 - a. Waveform Capnography
 - b. Portable Ventilator or staff capable of providing ventilatory support
 - c. Portable Infusion Pump(s)
 - d. Pressure infusion bag(s)
 - C. Staffing
 - a. All ALS vehicles that conduct Critical Care Inter-Facility Patient Transports will be staffed in accordance with local medical control requirements with at least one (1) paramedic trained in the Critical Care Inter-Facility Patient Transport curriculum. The trained paramedic must be in the patient compartment while transporting the patient.
 - b. The above requirement for staffing does not apply to the transportation of a patient by an ambulance if the patient is accompanied in the patient compartment of the ambulance by an appropriately licensed health professional designated by a physician and after a physician-patient relationship has been established as prescribed. (PA 368, Section 20921(5)).
2. Critical Care Inter-Facility Patient Transport Physician Director/Quality Improvement
 - A. Ambulance services that utilize this protocol must designate a Critical Care Inter-Facility Patient Transport Physician Director.
 - B. The Critical Care Inter-Facility Patient Transport Physician Director will be responsible for:
 - a. Oversight of a quality improvement program for Critical Care Inter-Facility Patient Transports

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- b. Oversight of the training curriculum for EMS personnel trained under this protocol.
3. Critical Care Inter-Facility Patient Transport Curriculum
- A. Curriculum must be submitted to MDHHS for approval prior to class implementation.
 - B. Curriculum will include at a minimum, the following:
 - a. Ventilators
 - b. Chest Tubes and Drainage Devices
 - c. Invasive Line Maintenance
 - d. Equipment Training (IV Pumps, Ventilator, etc.)
 - e. Thrombolytics
 - f. Interpreting blood gases
 - g. Blood products
 - h. Cardiac Enzymes
 - i. Vasoactive drugs
 - j. Critical Care Patient Transport Protocol Review
 - k. Paralytics
 - l. Practical Lab
 - m. Cardiac Physiology
 - n. High Risk Pregnancy
 - o. Antibiotics
 - p. Pediatrics
 - q. Critical Care Patient Transport Charting
 - r. Critical Care Patient Transport Call: Start to Finish
 - s. Critical Care Patient Transport Case Presentations
 - t. Written and Practical Exam