SCREENING OF CRITICAL CARE TRANSPORTS (CCT)

Escambia County, Florida - ALS/BLS Medical Protocol

Provide guidelines for the screening of critical care transfers (CCT), in order to provide optimal patient care, and when appropriate, referrals to other licensed providers capable of providing enhanced CCT services.

Procedure

On all requests for CCT transfers, the call taker or dispatcher will question the caller as to the "pick up point" and destination of the patient. All requests for CCT transfers either beginning at an Emergency Room and ending in a critical care area, or beginning or ending at an ICU, CCU, MINU, SINU, Cardiac Catheterization Lab, Critical Care Specialty Hospital or other critical care area will be considered as a CCT and will immediately be forwarded to the on-duty Shift Supervisor for approval in the following manner:

A. Dispatcher or call taker will receive the initial request for CCT.

B. Dispatcher or call taker will take the following information:

1 The "pick up point".

2 The destination

3 The level of distress (stable, moderate, acute)

4 Is the patient ready now?

5 Is the request an emergency, which has to be dispatched as quickly as possible or can the transfer be held for up to one hour? If an emergency, why?

6 What equipment is required?

7 Additional manpower

8 The caller's name and title

9 The caller's telephone number

C. The dispatcher or call taker will advise the caller that the request will be forwarded to the Shift Supervisor for approval and that the Shift Supervisor will call them back as soon as possible.

D. The dispatcher or call taker will immediately contact the Shift Supervisor and relay the information. The dispatcher will not dispatch a crew for the CCT until approval is obtained.

E. Upon notification, the Shift Supervisor or Administration will immediately return the telephone call and gather any further pertinent information.

F. Requests involving patients not requiring any special handling will be approved and the Shift Supervisor will immediately contact dispatch and authorize a crew to be dispatched.

G. CCIT involving:

1 Intra-aortic balloon pumps

2 TPA infusions

3 Complex ventilator settings

will result in the Shift Supervisor refusing the CCT. The Shift Supervisor will advise the caller that we cannot provide the service and therefore they may call another provider licensed to perform CCT, such as Santa Rosa, Lifeguard, or Baptist Flight.

The Shift Supervisor will not, at any time, place the referring telephone call to another provider, make any recommendations or show preference for one provider over another.

The Shift Supervisor will contact dispatch and advise them that we will not be handling the CCT.

CCT involving:

1 Medications not contained within the protocols.

2 Difficult ventilatory support.

3 Special conditions (ex. Traction, Halos, invasive lines).

4 Or anything else, which arouses concern from the Shift Supervisor.

will immediately be forwarded to the Medical Director or his designee, for clearance to handle the CCT.

I. The Medical Director will make a determination as to our ability to handle the CCT and will either authorize the transfer via a CCT crew or advise the Shift Supervisor to refuse the CCT.

If approved, the Shift Supervisor will contact dispatch and authorize a CCT crew be dispatched.

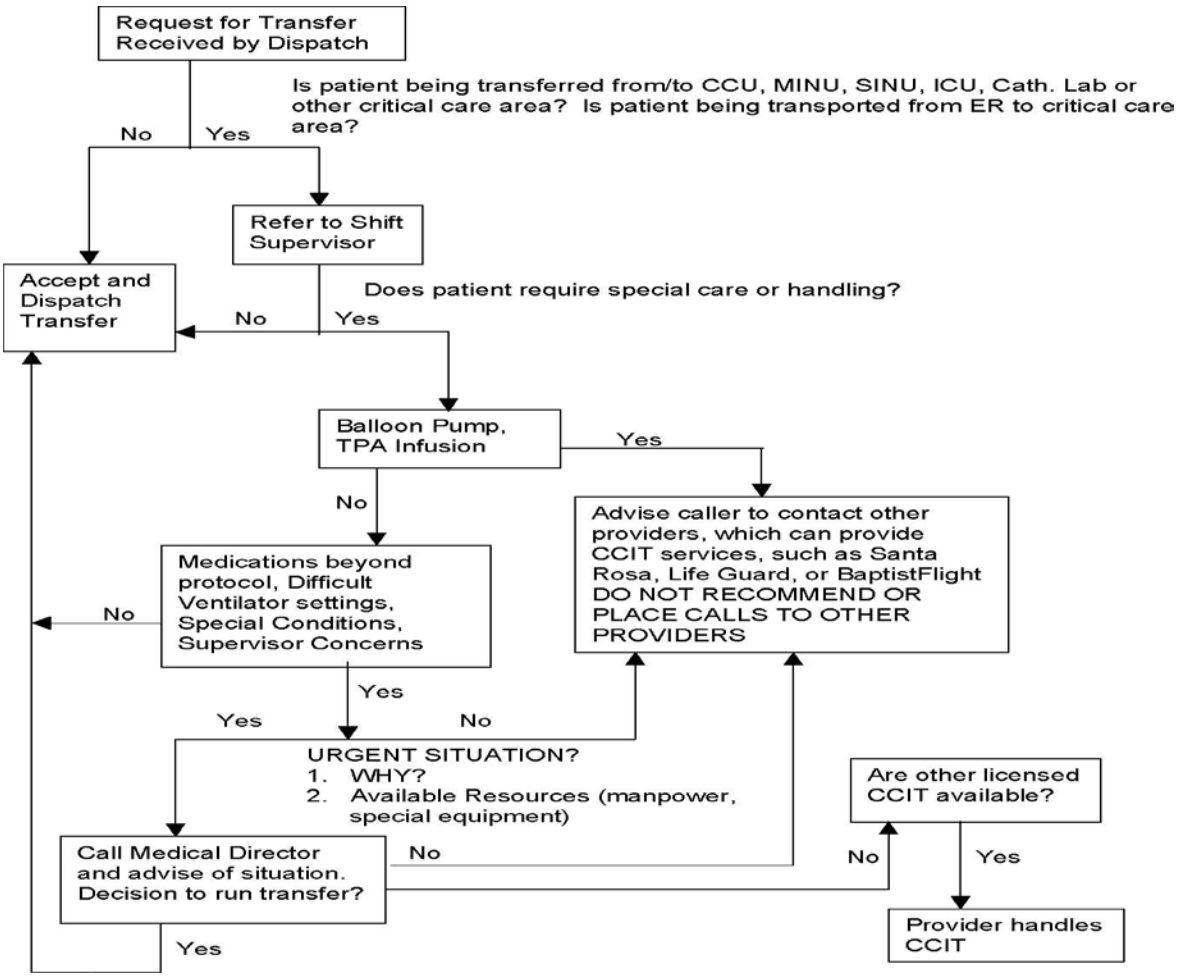
If the Medical Director denies the request approval, the Shift Supervisor will call the person initiating the request and advise them that we cannot provide the CCT, and therefore they may contact another provider licensed to provide CCT. The Shift Supervisor will contact dispatch and advise the dispatcher that the request has been cancelled.

If the Medical Director cannot be reached, the Shift Supervisor will refuse the CCT and advise the caller as above.

J. When necessary, the Shift Supervisor will accompany the crew and patient during transport.

SCREENING OF CRITICAL CARE TRANSPORTS (CCT)

Escambia County, Florida - ALS/BLS Medical Protocol



Approved by:

Charles Neal, D.O. Medical Director