



# Inter-Facility Transport Protocol 8206

## Inter-Facility Transport Assessment (IFTA) Procedures

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This protocol outlines the procedures to be utilized by EMS providers when conducting an interfacility transport. This protocol is designed for a patient requiring ongoing care that must be provided by one or more health professionals from a sending facility to a receiving facility.

The sending facility has stabilized the patient to the best of their ability and the patient's care requires transfer to another facility.

***If the patient presents with unstable symptoms or a scope of care which exceeds that of the provider class, contact Medical Command for assistance in determining the proper class of transport including aeromedical or ground CCT transport.***

***In the pediatric population, any question of overall stability shall ultimately be determined by the Medical Command Physician in consultation with the sending and/or receiving physician.***

**The sections utilized by each Class of provider are as follows:**

### **Class 5 (ACT)**

Prior to arrival, the IFT provider should receive general information from their communications center or the sending facility. Information should include the medical necessity and reason for transfer, current patient condition and interventions, expected medical needs during the transfer, and finally the receiving physician, facility and unit-department assignment.

- A. Upon arrival at the sending facility, the IFT provider should receive a verbal report from the primary care nurse or physician and a signed Physician Certification Report as appropriate. Updated information regarding current condition, medical care, and destination should be obtained.
- B. Upon initial contact with the patient, begin and document an assessment.
  - 1. Airway, Breathing, Circulation, Disability, and GCS.
  - 2. SAMPLE history and obtain initial vital signs.
  - 3. Detailed physical examination as appropriate for situation.



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4. Inspect all dressings, drains, and tubes for amount, color, and consistency of drainage. Document location, size, and patency.
  5. Monitors: All patients must be on monitoring devices consistent with the Class of transport and scope of care being provided. All Class 3, 4, and 5 IFT patients must be on a cardiac monitor and continuous pulse oximetry during transport.
  6. **All patients must have an accepting (receiving) physician. Document the name of this physician on the patient care record.**
  7. Determine if the patient is packaged properly for transfer, all records are with the patient, and prepare for departure.
  8. If family members are present, make sure that destination and travel instructions are given.
- C. During transport, vital signs should be monitored and documented every 30 minutes. Some protocols require more frequent vital signs checks. If the patient condition changes, repeat vital signs every 5 minutes and **consult MCP**.
- D. At the completion of the transport, give report to the receiving nurse or physician. Include condition during transfer, interventions and outcomes, and most recent set of vital signs.
- E. Turn over all medical record documents, transport notes, and patient belongings to the staff.

***Depending on the Class of transport being conducted the following additional procedures should be utilized:***

**Class 5 – Advanced Care Technician Inter-Facility Scope of Practice.** The ACT should also utilize sections G, H, and I below:

- D. The ACT (Class 5) is limited to providing interfacility care to those patients whose medical conditions can be addressed utilizing only the medications and procedures outlined in the 5000 Series protocols. No additional medications or procedures are authorized.



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- E. Any anticipated medications which the patient may need while in transport should be identified and the sending physician **MUST** provide written orders outlining the exact route and dosing of the medication. The ACT must obtain these orders in writing prior to leaving the facility. In the event that unforeseen or unanticipated events develop during transport the ACT should utilize the 5000 series protocols and contact Medical Command.
- F. Turn over all unused medications to Registered Nurse at receiving facility and have the nurse sign the Patient Care Record attesting to receiving of medication(s) or wasting of excess medication as appropriate. Note: The disposition of Schedule II and IV medications may require additional specific documentation per local squad medical director or squad policy.

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