




INTERFACILITY TRANSPORT REQUEST PROCEDURE
CALL: 727-582-2001

Sending Facility - Be Prepared to Provide the Following Information

Facility Name	Patient location - Unit Name, Room, and Bed Number	
State Level of Urgency		
 EMERGENCY Lights and Sirens	<u>AS SOON AS POSSIBLE</u> Non-critical: Patient can wait for next available ambulance	<u>SCHEDULED/ROUTINE</u> Non-critical: Specific pick-up time requested

For Unusual Circumstances or Response Time Concerns Please Call Back and Ask to be Conferenced with the Sunstar AOD

Additional Information Necessary

1	Patient's name, age & social security number	4	Isolation or Safety Precautions	7	Receiving Physician Name
2	Diagnosis & reason for transport	5	Sending Physician Name	8	Transport Coordinator/Primary RN name & direct telephone number
3	Adjuncts necessary for transport	6	Destination facility name, unit, room/bed		

Transport Options (See over for EMS Levels of Care)

Pinellas EMS System Transport	Air Medical Transport	Pediatric & NICU Transfers	Wheelchair/Stretcher Van
Critical Care Transport Team	Lifeline1: 727-893-6010	Johns Hopkins/All Children's: 727-767-7337	https://pinellas.gov/safety-emergency-services-transports/
Critical Care Paramedic Ambulance	TGH AeroMed: 800-727-1911	St. Joe's/Baycare: 800-277-5437	
ALS Ambulance			
BLS Ambulance			

CT24 - INTERFACILITY TRANSPORT LEVELS OF CARE

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PATIENT MONITORING AND MANAGEMENT CAPABILITIES						
	Airway	Breathing	Circulation (Cardiac)	Disability & Drugs	Exam	Notes
Mental Health Transport (MHT)	NONE	NONE	NONE	No risk of violence or need for restraints (must be able to ambulate without assistance)	Must be medically cleared by MD/DO, ARNP or PA-C	Staffed with non-medical personnel
Basic Life Support (BLS)	Basic Monitoring & Simple Suctioning Uncomplicated trach monitoring	Basic Monitoring & O2 (stable flow)	Basic AED	NONE (Peripheral or Central IVs must be capped/not in use)	Triage by Call Taker EMT verifies on arrival	NONE
Advanced Life Support (ALS)	Endotracheal Intubation Complex or continuous suctioning	Advanced monitoring (SpO2 /EtCO2) & Oxygen (titration) & Ventilatory assistance	Continuous Cardiac Monitoring (transfers to monitored beds, recent ACS, arrhythmia, or another cardiac event)	Standard EMS Medications IV Fluids (NS, LR, D10W only) without pump Seizure Precautions (< 24 hrs or high risk) Pain Management Restraints (Physical and/or Chemical)	Triage by Call Taker Paramedic verifies on arrival	Hospital RN may accompany if no CCP/CCT available
Critical Care Paramedic (CCP)	Same capabilities as ALS Ambulance	Stable Vent (no settings changes ≥ 24 hrs.) Stable Chest Tube (> 48 hrs. old)	Non-monitored Arterial Sheaths	Advanced/Pump Requiring Medications and Infusions (1 channel max) [e.g. Peds IVF, IVF with K+, antibiotics, TPN, PPI's, H2 blockers, anticoagulants, nitroglycerin, vasopressors]	Triage by CCT RN to meet CCP Criteria	Emergency STEMI/STROKE Transfers with: <ul style="list-style-type: none"> • Stable Airway • Stable BP (>90/<180) • No arrhythmia • 1 infusion max
Critical Care (CCT)	RSI with Video Laryngoscopy Recent/Complicated Trach	Vent Management Chest Tube Management	Invasive Monitoring (Art Line, A/V Sheaths Swan-Ganz, CVP, ICP etc.) Cardiac Adjuncts (Transvenous Pacer, Balloon Pump, Impella LVAD, BIVAD, ECMO) Fetal Monitoring/tocolysis	Advanced Medications (6 channels max) Blood Products	Triage by CCT RN to meet CCT Criteria	CCT RN will assist in triage for appropriateness <ul style="list-style-type: none"> • High Risk OB (No active labor) Infants > 28 days or 5 Kgs (No Isolette) • Neonatal transports meeting criteria in FL 64J-1.001(11) (12) must use a NICU Transport Team (see over for contact) • ECMO patients must have a facility perfusionist accompanying them