




MEDICAL CONTROL DIRECTIVE 2021-09

DATE: May 21, 2021

TO: Pinellas County EMS Agencies
Pinellas County Emergency Communications
Pinellas County Certified EMTs and Paramedics
Pinellas County Certified Advanced Practice Paramedics, Nurses
Pinellas County Online Medical Control Physicians
Pinellas County Ambulance Billing and Financial Services
ED Nurse Managers

FROM: Dr. Angus Jameson, EMS Medical Director 

RE: Protocol CT24 Interfacility Transport Levels of Care, CCT-CT2 Interfacility Transport Guidelines & CCT-AP3 Accessing Critical Care Team (CCT/CCP) Interfacility Transport

Effective Date: 0800 hrs. May 26, 2021

- **Protocol CT24 Interfacility Transport Levels of Care - Revised**
 - General formatting updates
 - Sunstar Interfacility Transport Contact Number updated
 - Transport Options - all information updated to currently available options
 - Patient Monitoring and Management Capabilities - revised to align with current practices and capabilities
- **Protocol CCT-CT2 Interfacility Transport Levels of Care - Deleted**
 - CCT-CT2 is deleted
- **Protocol CCT-AP3 Accessing Critical Care Team (CCT/CCP) Interfacility Transport**
 - Protocol title revised to align with current program setup
 - Protocol content - complete revision to align with current practices and capabilities

Attachments:


CT24 Interfacility Transport Levels of Care
CCT-AP3 Accessing Critical Care Team (CCT/CCP) Interfacility Transport



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 Numbers	
State Level of Urgency		
 EMERGENCY Lights and Sirens	AS SOON AS POSSIBLE	SCHEDULED/ROUTINE
	Non-critical: Patient can wait for next available ambulance	Non-critical: Specific pick-up time requested

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	http://www.pinellascounty.org/publicsafety/transport.html
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

CT24 - INTERFACILITY TRANSPORT LEVELS OF CARE - CT24

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

AP3 ACCESSING CRITICAL CARE TEAM (CCT/CCP) INTERFACILITY TRANSPORT

When an interfacility transfer call is received in dispatch, the call taker will determine the appropriate triage level utilizing EMD Cards 45 and 46 in accordance with AD4 and CT24. If CCT or CCP level of care is necessary, the following actions will take place:

1. If triage indicates, the call taker will advise the caller that the transport is above the level of Pinellas County Paramedics and they need to utilize the CCT or CCP for the transport (the caller may request to send their own staff nurse for the transport).
2. The call taker will ascertain requested time of pick up, or if it is “EMERGENCY”, “As Soon As Possible”, or “Scheduled/Routine” as per CT24.
3. If the call requires the CCT, the SSC will page the CCT with patient information as outlined in the determinant card.
4. If the call is able to be handled by the CCP, the call will be assigned to the appropriate CCP/800 crew. If a CCP/800 crew is unavailable, the call will revert to the CCT.
5. The CCT will acknowledge receipt of the page on Sunstar tac channel Alpha (“A”).
6. The CCT RN will call the sending facility to obtain patient report and set pick up time based on other calls holding and severity of patient condition. (the CCT RN will call the facility back as soon as possible on all requests to assure proper triage and response mode)

Patient Selection Criteria for the CCT (Ref. CT24):

- Advanced airway adjunct (i.e., mechanical ventilator, continuous positive airway pressure [CPAP/BiPAP] device, chest tube(s), tracheostomy patient with artificial adjunct or complications)
- Recent/Complicated Trach
- Invasive Monitoring (Art Line, A/V Sheaths Swan-Ganz, CVP, ICP etc.)
- Medicated intravenous line (i.e., infusion(s) requiring accurate mechanical dose regulation such as pressors, antianginal, thrombolytic, antidysrhythmic, anticoagulant, tocolytic, paralytic, volume expander including blood, plasma, platelets, and colloids)
- Mechanical Circulatory Support/Cardiac Adjuncts (Transvenous Pacer, Balloon Pump, Impella LVAD, BIVAD, ECMO)
 - Note: Facility perfusionist is required to accompany ECMO patients
- Trauma patient (interfacility transfer to a state approved trauma center)
- Pediatric patient (Unstable condition, advanced adjunct(s) or requiring transport to specialized pediatric facility)
- Neonatal patient (neonatal patient who **DOES NOT** require an isolette or specialized team for transport per FL Administrative Code 64-J)

- Obstetric patient (i.e., high risk, premature labor or requiring transport to a Regional Perinatal Intensive Care Center or facility with obstetric services. OLMC consultation is required if labor is advanced / >6 cm, rapidly progressing/continuing to dilate, or imminent delivery)
- Other patient that sending/receiving physician or the CCT determines has a need for advanced, and/or specialty care, or has the high potential for deterioration during transport.

Specific assigned 800 series ambulance units may be utilized for a patient requiring the following treatments or experiencing the following conditions after triage by a CCT RN:

- Non-monitored arterial sheath
- Stable Vent (no settings changes \geq 24 hrs.)
- Stable Chest Tube (>48 hrs. old)
- Emergency STEMI/STROKE Transfers with:
 - Stable Airway
 - Stable BP (>90/<180)
 - No arrhythmia
 - 1 infusion max
- Advanced Pump Requiring Medications and Infusions (1 channel max):
 - Pediatric (< 1 yr. old) intravenous fluids
 - Intravenous fluids with potassium, “i.e. Banana Bag”
 - Antibiotics
 - Total parenteral nutrition (TPN)
 - Proton pump inhibitors (PPIs) and H2 blockers
 - Anticoagulants and antiplatelets
 - Nitroglycerin
 - Vasopressors not requiring titration