

MEDICAL CONTROL DIRECTIVE 2024-06

DATE: January 5, 2024

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 - REVISED

Effective Date: January 10, 2024

- Protocol CT24 Interfacility Transport Levels of Care Revised
 - General formatting updates
 - "Paramedics" removed from the Sunstar logo
 - Addition of the following language after the "State Level of Urgency" section "For Unusual Circumstances or Response Time Concerns Please Call Back and Ask to be Conferenced with the Sunstar AOD"

Attachments:

CT24 Interfacility Transport Levels of Care

Distribution:

- EMS Chiefs e-mail distribution group
- Vector Solutions
- Pinellas County EMS Office of the Medical Director Webpage www.pcemsomd.com



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 | | AS SOON AS POSSIBLE | | | SCHEDULED/ROUTINE | | | | | | | |
| | | Non-critical: Patient can wait for next available ambulance | | | 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 Info | ormation Ne | eces | sary | | | | | | |
| 1 | Patient's name, age & social security number | 4 | Isolation or Safety Precautions | | | | 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 | | ir Medical Transport | Pediatric & N | | U Transfers | Wheelchair/Stretcher Van | | | | | |
| Cı | Critical Care Transport Team | | Lifeline1: | Johns Hopkins/All Children's: | | II Children's: | | | | | | |
| | Critical Care Paramedic | | 727-893-6010 | 727-767-7337 | | | https://pinellas.gov/safety- emergency-services- | | | | | |
| | Ambulance ALS Ambulance | | TGH AeroMed: | St.Joe's/Baycare: | | | transports/ | | | | | |
| | BLS Ambulance | | 800-727-1911 | 800-277-5437 | | 5437 | | | | | | |

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: • 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 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 | | | | | | |