MEDICAL CONTROL FOR ACUTE CARE TRANSFERS

PURPOSE

This policy is to assure medical control of patients during transfers between acute care facilities.

This policy does not exempt any acute care hospital or physician from meeting their statutory or regulatory obligations for transfers. The medical/legal responsibility for the patient rests with the transferring physician.

AUTHORITY

California Health and Safety Code, Division 2.5, Sections 1797.185, 1797.194, 1797.218, 1797.220, 1798.102, 1798.170, 1798.172. California Code

of Regulations, Title 22, Division 9.

United States Code, Title 42, Section 395dd, EMTALA Statute

Code of Federal Regulations 42, Sections 489.20 and 489.24, EMTALA Regulations

POLICY

A. Prior to accepting the patient for an acute care inter-facility transfer, the paramedic shall:

1. Obtain pertinent patient information to include: Patient diagnosis, history, and documentation of the therapies that the patient received while in the hospital or the previous four (4) hours, whichever is less.

2. Complete a physical assessment, including vital signs.

B. The Paramedic and Advanced EMT scope of practice will be identical to the prehospital scope of practice identified in policy Option Scope. The Paramedic or Advanced EMT will follow orders of the transferring physician, however the Paramedic or Advanced EMT cannot provide ALS / LALS care outside of the YEMSA approved scope of practice. Should medical consultation be needed during transport, the Paramedic or Advanced EMT will follow YEMSA policy for base hospital / modified base hospital contact.

C. If a patient is to be transferred outside of the YEMSA or base / modified base hospital radio contact range, the Paramedic or Advanced EMT may provide care according to approved YEMSA policies and ALS / LALS Field Treatment Protocols.

CROSS REFERENCES

Policy and Procedure Manual

Advanced EMT Scope of Practice,

Paramedic Scope of Practice,

Base Hospital / Modified Base Hospital Contact,

Patient Care Report (PCR) Form,