



## Clinical Practice Procedures: Other/Inter-facility transfer

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<b>Date</b>	April, 2018
<b>Purpose</b>	To ensure a consistent procedural approach to inter-facility transfer.
<b>Scope</b>	Applies to Queensland Ambulance Service (QAS) clinical staff.
<b>Health care setting</b>	Pre-hospital assessment and treatment.
<b>Population</b>	Applies to all ages unless stated otherwise.
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# Inter-facility transfer

April, 2018

**Inter-facility transfers (IFTs)** or medically authorised transports (MATs) are a frequent component of ambulance practice and must be viewed as more than simply 'transportation of a patient'. Both require the same level of professionalism, clinical assessment and intervention as any other case attended by a QAS clinician.

## Indications

- Patients undergoing inter-facility transfer

## Contraindications

- Nil in this setting

## Complications

- Nil in this setting

## Procedure – Inter-facility transfer

The following requirements are designed primarily for the IFT without a medical escort, however select components are pertinent to all IFTs and MATs.

- **Obtain:**

- Patient identification
- Documentation and other items required to be transported with the patient (review as appropriate)
- A comprehensive handover, including potential complications/issues during transfer
- Altitude requests (if applicable).

- **Check:**

- Airway, breathing and circulation is appropriately managed
- Appropriate medical equipment is available, connected to the patient and operating correctly.
- Tubes, lines, drains and catheters are appropriate, patent and secured
- Required drug therapies are prepared and labelled correctly
- Patient is comfortable and secured appropriately
- All equipment, baggage and personnel (including non-medical escorts) are secured appropriately
- Check that exact destination is known and that the receiving facility has been notified of pending arrival.

## Procedure – Inter-facility transfer

- **Provide:**

- Ongoing, appropriate patient assessment
- Ongoing, appropriate patient care as per relevant clinical policy
- Ongoing, appropriate reassurance to the patient and any non-medical escorts
- Ongoing, appropriate communication with the patient
- All documentation and other items required to be transported with the patient to the receiving facility
- Appropriate pressure area prevention
- Appropriate handover to medical staff at the receiving facility.

- **Consider:**

- Antiemetic. Prophylactic management is cautioned in paediatrics.
- Issues/risks associated with transport at altitude and manage as appropriate
- Issues/risks associated with transport by road and manage as appropriate.

**Note:** Patients who are being treated with specialised equipment and/or drug infusions that have the potential to cause patient harm if mishandled, should be accompanied by an appropriate clinical escort. However, QAS clinicians may transport patients with equipment and/or drug infusions **without** a medical/nursing/family escort under any of the following circumstances:

- The equipment and/or infusion accompanying the patient are pre-set and require no adjustment or intervention by the QAS clinician during transport; **OR**
- The patient has sufficient capacity (mental and physical), has been previously educated and is able to operate, control or self-administer the equipment and/or infusion without assistance; **OR**
- Advice is sought via the Clinical Consult Line and it is agreed that transport by the QAS clinician is appropriate for the case. ;

### Additional information

#### *Potential altitude related complications/risks*

Patients transported via air have a specific set of potential complications or risks. Clinicians should consider any possible mitigation for each of the following:

- Reduced oxygen partial pressure
- The need for pressurisation to sea level when clinically indicated
- Risk of rapid depressurisation
- Expansion of air filled cavities, such as endotracheal tube cuff, middle ear, air-filled spaces under airtight dressings etc
- Limb swelling beneath plaster casts
- Worsening of air embolism or decompression sickness
- Danger from agitated patients
- Limited space, lighting and facilities for interventions
- Noise and vibration
- Extremes of temperature and/or humidity
- Acceleration, deceleration and turbulence
- Vibration
- Electromagnetic interference between avionics and monitoring devices
- Danger from loose, mobile equipment

## **Additional information** *(cont.)*

### *Queensland Health acute resuscitation plans<sup>[1]</sup>*

Queensland Health has commenced usage of acute resuscitation plans for patients. The form only applies to adult patients and is intended to replace not for resuscitation orders. The main purpose of the form is to provide patients, families and health care providers with documented advice regarding the extent of resuscitative efforts which should be performed.

The form is completed by Queensland Health staff in situations where it can be reasonably expected that an adult patient with significant end stage medical disease might suffer an acute deterioration where the consideration of life support measures is required. It should be noted that the acute resuscitation plan differs from a patient's advanced health directive. An advanced health directive is a legal document formalising the patient's choices for end of life care.

Clinicians should take into account the contents and recommendations of the acute resuscitation plan when considering the continuation/discontinuation of life support measures.

