



**New Hampshire Department of Safety
Division of Fire Standards and Training
&
Emergency Medical Services**

Administrative Packet for

Paramedic Interfacility Transfer
(PIFT)

**The Role of the NH
EMT-Paramedic**

September 2013

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**NEW HAMPSHIRE
DEPARTMENT OF SAFETY
DIVISION OF FIRE STANDARDS AND TRAINING &
EMERGENCY MEDICAL SERVICES
NH EMS PREREQUISITE APPLICATION**
PLEASE PRINT (BLACK INK) OR TYPE



PROTOCOL NAME: Interfacility Transfer

PROTOCOL NUMBER 7.0

LEGAL NAME OF UNIT _____ UNIT LICENSE NUMBER _____

BUSINESS STREET ADDRESS _____
STREET CITY STATE ZIP CODE

MAILING ADDRESS _____

_____ STREET/PO BOX CITY STATE ZIP CODE

HEAD OF UNIT _____ TITLE _____

CONTACT TELEPHONE _____ FAX (IF AVAILABLE) _____

EMAIL ADDRESS _____) _____

MEDICAL RESOURCE HOSPITAL _____

MEDICAL DIRECTOR _____

MEDICAL DIRECTOR PHONE _____

TYPE OF APPLICATION (CIRCLE)

INITIAL

RENEWAL

HEAD OF UNIT DATE

MEDICAL DIRECTOR DATE

ATTACHED IS SUPPORTING DOCUMENTATION FOR ALL ELEMENTS LISTED IN Saf-C 5922.01 (e) WITH A LIST OF LICENSING PROVIDERS TRAINED UNDER Saf-C 5922.

PART Saf-C PATIENT CARE PROTOCOLS

Saf-C 5922.01 Procedures...

(d) Prerequisites required by protocol shall be established by the EMS Medical Control Board in accordance with RSA 153:A-2 XVI (a).

(e) Protocol prerequisites, when required, shall address each of the following elements:

- (1) The protocol title and number to which the prerequisites relate;
- (2) The provider licensure level necessary to carry out the protocol;
- (3) The name of the medical director, or designee, who will oversee the training module;
- (4) The MRH and EMS head of unit recommendations to the division;
- (5) The provider experience criteria;
- (6) All quality management program elements;
- (7) Reporting requirements for monitoring and skill retention;
- (8) Equipment and staff support resources necessary;
- (9) Provider renewal criteria, and
- (10) Training requirements.

Paramedic Interfacility Transfer (PIFT)
Unit Prerequisite

LICENSURE:

Paramedic

EXPERIENCE

None

EDUCATION:

See PIFT Provider Prerequisite

MEDICAL DIRECTION

Direct oversight of the program as set forth in the quality management qualifiers

RECOMMENDATION

Must have written recommendation from Medical Director to participate. One copy of the recommendation to be forwarded to the Bureau of EMS and one copy on file with Unit.

QM/PI PROGRAM

Must comply with the Interfacility transport quality management qualifiers

REPORTING

See PIFT Provider Prerequisite

COMPETANCE/EXPIRATION

Two years

RESOURCES

See Interfacility transport quality management qualifiers

PERSONAL

A PIFT vehicle will be staffed at a minimum with an EMT driver and a PIFT credentialed paramedic.

Paramedic Interfacility Transfer (PIFT)
Provider Prerequisite

LICENSURE:

Paramedic

EXPERIENCE

None

EDUCATION:

PIFT Training Program approved by the NH Medical Control Board

MEDICAL DIRECTION

Direct oversight of the program

Recommendation for program

QM Reviews as set forth in the in the quality management qualifiers

RECOMMENDATION

Must have written recommendation from Head of Unit and Medical Director to participate. One copy of the recommendation to be forwarded to the Bureau of EMS and one copy on file with Unit.

QM/PI PROGRAM

Must participate with Unit's QM/PI program

REPORTING

Must complete NH TEMSIS report for all patient encounters

COMPETANCE/EXPIRATION

Must maintain all licensure and certification. Must demonstrate minimum of 8 hours of PIFT level or higher continuing education over a two year period.

RESOURCES

May only practice at the PIFT level when affiliated with an EMS Unit credentialed at the PIFT level

Introduction

The purpose of this section is to reconcile the unique aspects of interfacility transfer with current NH EMS law, licensure, and acute care protocols. It is intended to provide flexibility, where possible, for individual agencies, institutions, and communities to meet their unique needs.

Interfacility transfer

An interfacility transfer is defined as any EMS ambulance transport from one healthcare facility to another. Examples include hospital-to-hospital, hospital-to-rehabilitation, and hospital-to-long-term care. (Guide for interfacility patient Transfer, NHTSA, April 2006.)

Transferring Institution

Responsibility for patient transfer lies with the transferring physician/provider, and must take into account the risks versus the benefits to the patient. Providing appropriate equipment, medications, and qualified staffing during transport is paramount to patient safety. These parameters should be based on the requirements of the patient at the time of transfer, and in reasonable anticipation of foreseeable complications, deterioration, and medical needs that might arise during transport.

Initiation of a transfer should be a carefully coordinated effort by the transferring and receiving physicians, the transferring and receiving facilities, and the transferring unit and personnel. Time or advanced notification may be needed for the transferring EMS unit to reconfigure in order to meet the needs outlined here. The following provides guidelines for the selection of appropriate NH EMS personnel to provide interfacility transport of patients consistent with their current scope of licensure, protocols, and training. Staffing, Medical Control, documentation, medications, transfer protocols, and procedures are addressed.

Training Levels

Standard paramedic curriculum does not specifically address the care of the critically ill patient during an extended transport. NH requires specific training for paramedics to provide extended transport of critically ill or injured patients.

New Hampshire has two levels of paramedic interfacility training and credentialing: Paramedic Interfacility Transport (PIFT), and Critical Care Transport (CCT). All paramedics who will be staffing an interfacility transfer must be credentialed at a minimum of PIFT level training. The PIFT level of training is intended to address the majority of interfacility transfer situations. However, some patients will have a level of acuity and/or complexity that requires a CCT level transport—either air or ground. The CCT level of credentialing requires greater training, medical oversight, and service support, and is intended for the more limited number of acute and complex interfacility transfers that occur; therefore, a limited number of paramedics will be credentialed to function at the CCT level. If that level of resource is not readily available, it is an acceptable practice to supplement the PIFT crew with hospital staff that is qualified to provide the level of care the patient requires.

Interfacility transfers that are appropriate for EMT or AEMT level of care do not require additional levels of credentialing beyond training requirements defined in the NH EMS protocols and by [Saf-C 5900](#).

7.2

Interfacility Transfers

Policy Continued

NH EMS protocol enables PIFT paramedics to continue medications that are not within their routine scope of practice during an interfacility transport, including continuous infusions, repeat boluses, or blood products, providing that, prior to transporting the patient:

- Medication is started prior to leaving the transferring facility.
- The paramedic proactively obtained working knowledge and education of any such medications or products by reviewing current medication monographs (hardcopy or electronic), consulting with sending clinicians, medical directors, or clinical pharmacists, reviewing established practice policies (such as for blood products), or other standard clinical research means.

EMS providers must refuse to transport patients that have a level of acuity and/or medication regimen that they are not comfortable with, and work with the sending facility to acquire optimal staffing (such as sending nursing staff or requesting a CCT transport).

Minimum Staffing

The transferring physician/provider is responsible for determining the level of EMS provider and resources that are appropriate to meet the patient's current and anticipated condition and needs. The following are examples only, and do not comprise a comprehensive list.

Stable patient with no risk for deterioration

1 EMT provider and 1 First responder (minimum) driver.

- No IV infusions.
- Oxygen for stable patient permitted.
- Previously inserted Foley catheter, suprapubic tube, established feeding tube (NG, PEG, J-tube not connected to infusion or suction).
- Saline lock permitted.

Stable patients with low risk of deterioration

1 AEMT provider and 1 First responder (minimum) driver.

- Any crystalloid infusion.
- IV infusion pump for non-pharmacologic agents.
- Patient-controlled analgesic (PCA) pump.
- No ongoing or anticipated medications to be administered.

Stable patients with medium risk of deterioration

PIFT credential required. This protocol is only to be used by paramedics and EMS units who have been trained and credentialed to perform PIFT-level transfers by the NH Bureau of EMS and the EMS Medical Control Board.

1 PIFT paramedic provider and 1 EMT Basic (as driver or second provider).

- Transcutaneous pacing.
- BiPap
- Stable long-term ventilated patient to or from a medical facility, long term care facility, and/or home, provided the patient is stable and the transport is not of an acute nature.
- Intubated/ventilated patients on Assist Control, or SIMV with non-complex settings; Intubated MUST have a second provider in the patient compartment. (After January 1, 2014, all intubated patients must be on a ventilator)
- Medical monitoring devices, procedures, and medication administration consistent with scope of practice and/or PIFT training.

Policy Continues

Policy Continued

- Advanced airway management.
- Chest tube.
- Infusion of previously initiated blood products.
- Maintenance of previously initiated medications.
- Epidural catheter if secured, capped, and labeled.

Unstable or stable patients with high risk of deterioration

CCT credential required. Option 1 of this policy is only to be used by paramedics and EMS units who have been trained and credentialed to perform CCT-level transfers by the NH Bureau of EMS and the EMS Medical Control Board.

Option 1: A properly credentialed CCT crew and air or ground ambulance, **OR**

Option 2: 1 PIFT paramedic provider, 1 EMT driver and, at a minimum, 1 additional, (sending) **hospital-based**, qualified advanced health care provider (e.g., a critical care or emergency registered nurse, physician assistant, nurse practitioner, physician, CCT paramedic, etc.). The 2 advanced care providers must be in the patient compartment.

- Multiple vasoactive medication drips.
- Uncorrected shock.
- Invasive monitoring.
- Balloon pump.
- Transvenous pacing.
- Intubated/ventilated patients with advanced or complex vent settings (such as pressure control, peep >10 mmHg, etc.). **Non-credentialed CCT crews** must also have 1 respiratory care practitioner in the patient compartment. This is in addition to the PIFT paramedic provider and the hospital-based advanced health Care provider.
- Procedures consistent with provider licensure, scope of practice, and training.

The MCB strongly encourages the use of paramedics specially trained for the type of patient/condition being transported but, recognizes that a CCT crew may not always be available.

As a measure of last resort, in cases where CCT paramedics are unavailable **AND** delay in transfer would have a significant negative impact on patient outcome, other transport arrangements may be initiated provided that:

1. The sending facility makes an exhaustive effort to send additional personnel.
2. The NH Bureau of EMS and Unit EMS Medical Director are notified within 48 hours and appropriate TEMSIS and IFT documentation is completed by the EMS Unit and the sending physician/institution.
3. All interventions are with the scope of practice of the transporting paramedic and vehicle.
4. EMS providers must refuse to transport patients that have a level of acuity and/or medication regimen that they are not comfortable with, and work with the sending facility to acquire optimal staffing.

Definitions

- **Unstable Patient:** A patient who cannot be stabilized at the transporting facility, who is deteriorating or likely to deteriorate. (From "Guide for Interfacility Patient Transfer," NHTSA.)
- **Stable Patient:** Hemodynamically stable patient with a secure airway and who is **NOT** in acute distress (e.g., active labor, respiratory distress, dangerous dysrhythmias, shock, uncontrolled bleeding). Medical determinations of "stable" are not necessarily the same as the legal definitions used by EMTALA.

Policy Continues

Policy Continued

EMTALA specifies for non-pregnancy cases that “stabilized” means: “with respect to an emergency medical condition . . . [other than labor] . . . to provide such medical treatment of the condition as may be necessary to assure, within reasonable medical probability, that no material deterioration of the condition is likely to result from, or during transfer.” with respect to a pregnant woman with contractions, “stable” means the patient has delivered (including the placenta). Psychiatric patients are stable for interfacility transfer if they are “protected” from hurting themselves or others. This may be accomplished through the use of medication or physical restraints.

Medical Control Responsibilities

According to EMTALA, patient care during transport until arrival at the receiving facility is the responsibility of the transferring physician unless other arrangements are made.

Sometimes, as in certain Air Medical Transport services or ground critical care units, the transport unit is functioning as an extension of a tertiary care center. It operates under that facility’s protocols, medical directorship, and on-line control.

In the prehospital environment, the EMS system operates under protocols. In the interfacility transfer environment, written transfer orders that are within the scope of the provider’s protocols and licensure are also required to be authored by the transferring physician. The combination of protocols and transfer orders provide off-line medical control.

Transfer orders must be specific, appropriate to the patient being transferred, and reasonably anticipate potential complications en route. Transfer orders may reference the use of NH EMS protocols where they are applicable. If patients develop new signs and/or symptoms during transport, beyond their initial transfer diagnosis, providers may treat the new signs and/or symptoms according to protocols. Where transfer orders and NH EMS protocols are in conflict, transfer orders take precedence.

The transferring physician should be immediately available to review transport orders and provide medical control communication via radio, cell phone, or telephone during the transport. If the physician is unavailable, they must make other arrangements for review of the transfer orders with the transport crew.

PIFT and CCT Prerequisites and Oversight

It is the responsibility of the NH Bureau of EMS to monitor the quality of care delivered under this system, and to set the standards for credentialing providers and units. PIFT and CCT transports shall only be conducted by those providers who have completed and maintain the approved training, and who are credentialed by a unit that is approved by the NH Bureau of EMS.

As the field of critical care interfacility transport is a fluid one, many questions arise as to scope of practice issues. There is a subcommittee established by the NH EMS Medical Control Board (MCB) to consider questions and make interim rulings on those questions until such a time as the MCB has the opportunity to consider and modify or adopt such rulings. These responses will be posted on the NHBEMS website.

INTERFACILITY TRANSPORT – Quality Management Qualifiers

E-essential D-desired

GENERAL STANDARDS

	PIFT	CCT
There must be written policies and procedures specifying the mission statement and scope of care to be provided by the service. The Mission Statement describes what you do, and the scope of care describes what type of service you perform, what patients you transport and what type of medical team, etc.	E	E
All patient care resources, including personnel and equipment, necessary to the program's mission must be readily available in the transport vehicle or coordinated with the sending facility prior to initiating the mission.	E	E
The service agrees that "Emergency calls" or those requests which involve a patient with a potentially life threatening illness or injury who requires rapid transportation and intervention at a location within the defined service area are accepted or declined based on availability of resources only, and without prescreening for the ability to pay.	E	E
A Critical Care Transport vehicle will be staffed by, at a minimum, an EMT Driver, CCT Paramedic and a Registered Nurse with CCRN or CFRN credentials.		E
A PIFT vehicle will be staffed by, at a minimum, an EMT Driver and a PIFT credentialed Paramedic.	E	

MEDICAL PERSONNEL STANDARDS

	PIFT	CCT
The service has a medical director of the critical care transport program. This individual is a physician who is responsible for supervising and evaluating the quality of medical care provided by the medical personnel. The medical director ensures, by working with the clinical supervisor and by being familiar with the scope of practice of the transport team members and NH EMS protocols, competency and currency of all medical personnel working with the critical care transport service. The medical director is actively involved in the quality management (QM) program for the service.	D	E
The service has a Clinical Care Supervisor for critical care - Responsibility for supervision of patient care provided by the various critical care providers (EMT-P, RT, RN, RCP, etc.) must be defined by the service. All patient care personnel must be supervised by someone knowledgeable and administratively empowered to perform clinical supervision. The clinical care supervisor and medical director(s) must work collaboratively to coordinate the patient care delivery given by the various professionals and to review the overall system for delivery of patient care.	E	E
* The clinical supervisor is actively involved in the QM/QA/PI of the program.	E	E
* The clinical supervisor is actively involved in all administrative decisions affecting patient care.	E	E
* The clinical care supervisor is actively involved in hiring, training and continuing education for all personnel who work within the PIFT or CCT service.	E	E
* The clinical care supervisor must ensure adequate mechanisms for the evaluation of clinical practice and competencies of patient care providers.	E	E
* The clinical care supervisor must be a qualified critical care transport provider.	D	E
* The clinical care supervisor must be a qualified PIFT provider.	E	

Orientation, Training, and Continuing Education Program Requirements - A planned and structured program is required for all critical care transport and/or PIFT personnel. Competency and currency in these competencies must be ensured and documented through relevant continuing education programs/certification programs or their equivalent, and clinical evaluation of operation and troubleshooting of medical devices commonly used in critical care transport.	E	E
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OPERATIONAL ISSUES	PIFT	CCT
Adequate amounts (for anticipated liter flow and length of transport with an emergency reserve) of oxygen must be available for every mission.	E	E
Medications consistent with the service's scope of care are accessible.	E	E
The transport service has a method of assuring that all medications and intravenous fluids are appropriately calculated. Examples of effective methods include the use of drug calculation lists, internet based programs and pre-programmed drug delivery systems such as those found in medication pumps.	E	E
There is an automatic blood pressure device (and for CCT arterial line monitoring capability) on-board or immediately available.	E	E
The service has a written policy that addresses a procedure to follow when the ground ambulance comes upon a scene of an accident. Policy must be consistent with state regulations. There is a written policy that outlines the procedure to follow when the ambulance breaks down.	E	E
Medical transport personnel must ensure that all critical care medical equipment owned by the service is in working order and all equipment/supplies are validated through documented checklists.	E	E
Equipment must be tested and inspected by a certified clinical engineer according to manufacturer's recommended maintenance schedule	E	E
Records of equipment inspections are maintained.	E	E

MANAGEMENT AND ADMINISTRATION	PIFT	CCT
Management demonstrates a commitment to the medical transport service with the highest degree of safety.	E	E
A record of patient care is completed, and a copy remains at the receiving facility for appropriate continuity of care. A policy outlines minimal requirements for items to be documented in the patient care records that includes:	E	E
* Purpose of the transport	E	E
* Assessment, treatments, medications, intake and output and patient's response to treatments and medications.	E	E
* Signature of each care provider and clarity as to what care was performed by each provider (administering medications and performing procedures) and indicates who actually documented patient information.	E	E
* Transport facilities (to and from) and whom report was given to at the receiving facility.	E	E
A policy manual is available and familiar to all personnel.	E	E
* Policies are dated and signed by the appropriate manager(s).	E	E
* Policies are reviewed on an annual basis as verified by dated manager's signature on a cover sheet or on respective policies.	E	E
Management monitors and evaluates the quality and appropriateness of the critical care transport service through an active Quality Management (QM) program, including the following:	E	E

* At a minimum, reviews the periodic QM committee reports.	E	E
* Encourages staff participation in the QM Program.	E	E
* Promotes the effectiveness of the QM program through active participation by management in the program and by sponsoring active communication pathways between staff and management, and hospital staff.	E	E

QUALITY MANAGEMENT STANDARDS

PIFT CCT

There is an ongoing, written Quality Management (QM) program designed to objectively, systematically and continuously monitor, assess and improve the quality and appropriateness of patient care and safety of the transport service provided by the critical care transport service.	E	E
The QM program should include activities related to patient care, communications, performance improvement and all aspects of transport operations and equipment maintenance pertinent to the service's mission statement.	E	E
* There will be regularly scheduled QM meetings providing a forum for all disciplines involved in the medical transport service.	E	E
* Evidence of QM studies and evaluation in compliance with written QM plan.	E	E
* Evidence of action plans developed when problems are identified through QM and communication of these plans to the appropriate personnel.	E	E

**Paramedic Interfacility Transfer
Prerequisites
Checklist**

_____ **1. PROTOCOL TITLE AND NUMBER:**

Complete Application

_____ **2. PROVIDER LICENSE LEVEL NECESSARY TO CARRY OUT THE PROTOCOL:**

Provide list of eligible providers signed off by PIFT Unit Medical Director

_____ **3. GENERAL STANDARDS**

Provide copy of you quality management program spelled out in the Quality Management Qualifiers, including mission statement, policies, and procedures.

_____ **4. MEDICAL DIRECTION**

Provide name and contact information of your Medical Director, the individual physician who is responsible for supervising and evaluating the quality of medical care provided by the medical personnel.

_____ **5. CLINICAL CARE SUPERVISOR**

Provide name, contact information, and credentials of the Clinical Care Supervisor, who is responsible for supervision of patient care provided by the PIFT Unit providers.

_____ **6. EDUCATION:**

Provide proof of training in the Bureau of EMS approved education modules, policies and procedure training, and equipment and device competencies. (Copies of PIFT Competencies)

_____ **7. RECOMMENDATIONS:**

Attach letters of recommendation from Medical Director and Head of Unit

_____ **9. REPORTING REQUIREMENTS FOR MONITORING and SKILL RETENTION**

Ability to report through TEMSIS or equivalent

_____ **10. EQUIPMENT AND STAFF SUPPORT RESOURCES NECESSARY:**

Provided documentation of MRH agreement with participating hospital which includes access to necessary inter-departments (ER, OR, Respiratory, etc.), medications, and when necessary equipment and/or devices.

Insert

Written Policies and procedure specifying the mission statement and scope of practice you will be providing.

Mission statement - describing what you do

It is the mission of ABC Ambulance Service to provide quality paramedic interfacility transfers as requested and needed to the ill or injured in a professional and compassionate manner.

Scope of Practice - describing what type of service you perform, what patients you transport and what type of medical team.

See appendix A and B for examples.

Quality Management Standards

There is to be an ongoing, written quality management (QM) program designed to objectively, systematically, and continuously monitor, assess, and improve the quality and appropriateness of patient care and safety of the transport service provided by the critical care transport service.

The QM program should include activities related to patient care, communications, performance improvement, and all aspects of transport operations and equipment maintenance pertinent to the service's mission statement.

There will be regularly scheduled QM meetings providing a forum for all disciplines involved in the medical transport service.

Provide evidence of QM studies and evaluation on compliance with written QM plan.

Provide evidence of action plans developed when problems are identified through QM and communication of these plans to the appropriate personnel.

See appendix C for Sample QM Plan

Clinical Supervisor Information

Name:

Telephone Number:

E-mail Address:

Responsible for supervision of patient care provided by the PIFT Paramedic must be defined by the service. All patient care personnel must be supervised by someone knowledgeable and administratively empowered to perform clinical supervision. The clinical care supervisor and medical director(s) must work collaboratively to coordinate the patient care delivery given by the PIFT paramedic and to review the overall system for delivery of patient care.

The clinical supervisor:

- is actively involved in the QM/QA/PI of the program
- is actively involved in all administrative decisions affecting patient care
- is actively involved in hiring, training and continuing education for all personnel who work within the PIFT service
- must ensure adequate mechanisms for the evaluation of clinical practice and competencies of patient care providers
- must be a qualified PIFT provider

Insert documentation of Educational Module training

Documentation is to be included for each educational module:

- Educational Module Title
- Date taught
- Location taught
- Instructor(s) names
- Paramedic names who participated in the training with verification of completion, incomplete, failure
- Signature from clinical supervisor assuring competency in knowledge of material.

See Appendix D for a sample education module roster

Insert documentation of Orientation

Documentation to program orientation

- Subject matter covered i.e. Unit operations, mission statement, Unit policies, etc.
- Date taught
- Location taught
- Paramedic names who completed orientation
- Signature from clinical supervisor who is responsible for the orientation

See Appendix E for a sample orientation roster

Insert documentation of equipment/device competency

Documentation is to be included for each piece of PIFT equipment:

- Equipment name
- Date taught
- Location taught
- Paramedic name who completed orientation
- Signature from clinical supervisor who is responsible for the orientation

See Appendix F - I for sample device competencies.

Insert documentation of individual paramedic competencies

Documentation is to be included for each PIFT Paramedic:

- Paramedic name
- Operation/orientation completion date
- Educational module completion dates
- Device competencies completion dates
- Signature from clinical supervisor who is responsible for the orientation
- Signature of the paramedic

See Appendix J for a sample paramedic competency

PARAMEDIC INTERFACILITY TRANSFER
LESSON PLAN

PREPARATION

Motivation: Paramedic Interfacility Transfer training is intended to prepare and evaluate paramedics in interfacility transfers. This training is above and beyond that taught by the Department of Transportation's Paramedic Curriculum and/or Education Standards

Prerequisites: New Hampshire Paramedic

Teaching Methods: Lecture/discussion
Practical skills sessions/stations
Open questions and answer periods
Clinical application on a simulated patient

MATERIAL

AV Equipment: Utilize various audio-visual materials related to interfacility transfers. The continuous design and development of new audio-visual material relating to EMS requires careful review to determine which best meet the needs of the program. Materials should be edited to assure meeting the objectives of the curriculum.

EMS Equipment: As with AV Equipment, medical equipment continues to develop and evolve. It is the expectation that the equipment needed and used in interfacility transfer care be available for demonstration and practice during this training. The equipment includes, but is not limited to: IV Pumps, Foley catheters, central lines, chest tubes, various examples of medications, and monitoring devices

PERSONNEL

Primary Instructor: The Primary instructor will be the PIFT Unit's clinical coordinator and will be an experienced paramedic having worked in the interfacility environment. The primary instructor will have completed the NH Bureau of EMS's PIFT Train the Trainer program.

Assistant Instructor: The instructor to student ratio should be 1:6 for psychomotor skill practice. This may include MD, PA, or RN. Paramedics who have previously completed this module are also eligible.

Instructor Activities: Supervise student practice.
Reinforce student progress in cognitive, affective, and psychomotor domains.
Redirect students having difficulty with content.

EVALUATION

Critical Thinking: Evaluation of the paramedic critical thinking skills in various interfacility transfer scenarios.

Practical: Evaluate the actions of the paramedic students during role-play and practice.

Skill station to determine their compliance with the cognitive and affective objectives and their mastery of the psychomotor objectives of this lesson.

Remediation: Identify students or groups of students who are having difficulty with this subject content and work with student(s) until they have met the cognitive, affective and psychomotor objectives of this lesson.

Enrichment: Identify what is unique in the local area concerning this topic and incorporate into local training modules.

Recommended
Minimum Time to
Complete: 8 – 12 hours

NH Paramedic Interfacility Transfer (PIFT) Education Modules Lesson Plan

OBJECTIVES

Each module will contain a terminal objective and enabling objectives.

Terminal Objectives are a statement of the instructor's expectation of student performance at the end of a specific lesson or module. The objectives are written in the perspective of what the student will do, not what the instructor will do.

Enabling Objectives are concise statements of the instructor's expectations of the student's performance and are considered steps to achieving the terminal objective.

PIFT – BLOOD PRODUCTS

Terminal Objective

At the completion of this module the student will have a basic knowledge of blood products and administration of blood products.

Enabling Objectives

At the conclusion of this module the student will be able to:

- List indications for blood therapy
- Identify commonly use blood products
- Differentiate between antibodies & antigens
- Discuss type & cross matching
- Discuss infusion therapy risks
- State lab values
- State proper procedures to administer blood
- List signs & symptoms associated with transfusion reaction and actions necessary to manage
- Demonstrate assembly and administration of blood
- Demonstrate proper history taking and documentation when assuming care of a patient receiving blood products
- Defend the need to type & cross match
- Defend the need to watch for infusion reactions

PIFT – DEVICES

Terminal Objective

At the completion of this section the student will understand the basic mechanical principles, operation, and troubleshooting of common PIFT devices.

Enabling Objectives

At the conclusion of this module, the PIFT paramedic will be able to perform the following actions for each of the listed categories of devices:

- Pumps

- Describe the basic mechanical principles of infusion pumps including syringe pumps.
- Demonstrate infusion pump operation to include: tubing set up, on-off and rate adjustment of a common (typical) infusion pump.
- Diagnosis and correct common infusion pump problems to include: blockages or power failure.
- Demonstrate competency in pump operations

- **Foley Catheters**
 - Describe the physiology and basic operation of Foley Catheters.
 - Describe the aspects of “normal operation/expectations” for Foley Catheters.
 - Diagnosis and correct common problems such as equipment failure, clogged/kinked tubing, and extubations.

- **Central Lines**
 - Identify the basic anatomy and physiology pertaining to central lines, Swan Ganz lines and triple lumen catheters.
 - Describe the aspects of “normal operation/expectations” for central lines.
 - Recognize and troubleshoot a common problem such as unexpected removal.
 - Demonstrate competency in central line access.

- **Chest Tubes**
 - Describe the basic physiology of chest tubes and pleural vacuum.
 - List the basic equipment associated with chest tubes including the Heimlich valve and the water seal.
 - Describe the aspects of “normal operation/expectations” for chest tubes including Heimlich valve and water seal.
 - Recognize and troubleshoot common problems such as disconnection or blockage and leakage.
 - Demonstrate competency in chest tube maintenance

- **Ventilator**
 - Describe assist control
 - Describe synchronized intermittent mandatory ventilator
 - Describe pressure control
 - Demonstrate competency in ventilator operations

- **Other Devices not requiring paramedic intervention**
 - Recognize devices usually not requiring intervention during transport but still needing review of with hospital staff
 - Wound drainage dressing
 - Feeding Pumps
 - PCA Pumps

PIFT – MEDICAL DIRECTION AND QUALITY IMPROVEMENT

Terminal Objective

At the completion of this section the student will understand eligibility for paramedic interfacility transfer service

Enabling Objectives

At the conclusion of this section the student will be able to:

- Define a PIFT Unit's policies and procedures as they pertain to interfacility transfers
- Define a Service Medical Director as it pertains to PIFT
- Define a Clinical Supervisor as it pertains to PIFT
- Define a Emergency Room Physicians as it pertains to PIFT
- Defend the need for medical oversight and quality improvement

PIFT – PHARMAOLOGY

Terminal Objective

At the completion of this section the student will have a review of pharmacology, learned in full, at a previous time

Enabling Objective

At the conclusion of this section the student will be able to:

- Define important pharmacological terms
- Discuss pharmacokinetics
- Discuss pharmacodynamics
- Discuss the autonomic nervous system

At the conclusion of this section the student will be able to:

- Define important pharmacological terms
- Discuss pharmacokinetics
- Discuss pharmacodynamics
- Discuss the autonomic nerve system

PIFT – PHARMACOLOGY MEDICATION CLASSIFICATION

Terminal Objective

At the completion of this section the student will have basic knowledge of medication classifications routinely used in interfacility transfers.

Enabling Objectives

At the conclusion of this section the student will be able to describe each of the following medication classifications

- Anticoagulants
- Anticonvulsants
- Antidiabetics
- Antidysrhythmics
- Antihypertensives
- Anti-infectives
- Antipsychotics
- Cardiac glycosides
- Corticosteroids
- Drotrecogin
- GI Agents
- IV fluids
- Narcotics
- Parenteral Nutrition

- Platelet Aggregation Inhibitors
- Respiratory Medications
- Sedatives
- Vasoactive Agents
- Paralytics
- Blood Products

At the conclusion of this section the student will be able to:

- Identify a typical patient on a particular class of medication
- Describe what to watch out for during transfer when on a particular class of medication
- Describe potential interventions for an adverse reaction to a class of medication
- Identify the most commonly used medications within a class of medications

PIFT – MEDICAL LEGAL

Terminal Objective

At the completion of this section the student will understand the basic principals of the medical-legal considerations for an interfacility transfer

Enabling Objective

At the conclusion of this section the student will be able to:

- Differentiate responsibilities between interfacility transfer (IFT) & 911 calls.
- Define the federal legal principal guiding IFTs
- Describe the principals of EMTALA
- Describe a legally appropriate transfer
- Define the State Laws and Rules guiding IFTs

EMS INTERFACILITY TRANSFER ORDER FORM

Sending Hospital: HOSPITAL NAME HERE

Print name below or place patient sticker here

DATE OF TRANSFER		PATIENT NAME	
TRANSFER EMS SERVICE		PATIENT DOB	
RECEIVING FACILITY		BED ASSIGNMENT	
RECEIVING PHYSICIAN		CONTACT	
SENDING PHYSICIAN		CONTACT	
DIAGNOSIS:			
REASON FOR TRANSFER:			

Adv. Directives: Full Care *DNR *No CPR *No Defib *No ETT/SGA *No ACLS Meds *Comfort Care ***Form Attached**

All EMS providers are authorized to follow NH EMS protocols in the event that any transfer patient develops new symptoms not directly associated with the transfer diagnosis unless otherwise specified in "Other Orders" below.

Choose General Treatment and Then Follow Column Down on the Right to Determine Transport Crew Requirements

AIRWAY

Patient can maintain their own airway									
<input type="checkbox"/> Oral / <input type="checkbox"/> Tracheal / <input type="checkbox"/> Trach Tube suctioning as needed									
May require intubation (NO medication assistance or RSI allowed)									
Currently is intubated or has supraglottic airway in place									
May require emergent Rapid Sequence Intubation during transport									

BREATHING

No O2 Required									
O2 via <input type="checkbox"/> Nasal Cannula or <input type="checkbox"/> Non-Rebreather Mask @ _____ LPM									
CPAP @ _____ cm H ₂ O Pressure									
Chest Tube <input type="checkbox"/> With or <input type="checkbox"/> Without suction @ _____ cm H ₂ O Suction									
Ventilator with basic settings (volume, rate, PEEP ≤ 10) SETTINGS:									
Ventilator with complex settings (PEEP >10, pressure mode, etc.) SETTINGS:									

CIRCULATION

Monitor O2 saturation									
AED <input type="checkbox"/> Available <input type="checkbox"/> Attached									
IV Fluids Maintenance Fluid: _____ Rate: _____ ml/hr Max Volume: _____ ml									
<input type="checkbox"/> Cardiac Monitoring or <input type="checkbox"/> Continuous 12 Lead Monitoring									
<input type="checkbox"/> ACLS or <input type="checkbox"/> PALS Provider									
Maintain well established LVAD									
Blood Administration (after initial reaction observation period)									
Three or more vasoactive drips required									
Invasive Monitoring: Arterial BP, Swan-Ganz, ICP, etc.									
Balloon Pump or newly placed LVAD									

REQUIRED PROVIDER LEVEL

EMT-Basic (Basic Life Support only) and Licensed EMS Driver									
EMT-Intermediate (limited Advanced Life Support abilities) and Licensed EMS Driver									
PIFT* Paramedic single provider and EMT Driver (*PIFT = Paramedic Interfacility Transport Certified Paramedic)									
PIFT* Paramedic provider with second EMT provider and Licensed EMS Driver									
Respiratory Care Provider Required for complex vent settings and: 1) stable w/ PIFT + EMS Driver OR 2) PIFT + Sending Facility CCRN + EMS Driver									
Air or Ground Critical Care Transport-CC Medic/Nurse Crew (or <i>minimum</i> PIFT medic and CC RN from Sending Facility)									

Trauma Patients: C-Spine cleared by myself, THIS PATIENT REQUIRES NO SPINAL IMMOBILIZATION FOR THIS TRANSPORT
 Full spinal immobilization required for transport

Medication	Dose	Units	Route	Max Dose	Titrate Range	Conditions for Giving	Last Given

Other Orders:

I certify that this patient requires transfer to another facility and that ambulance transport is the most appropriate means of transport. My signature verifies these written patient care orders for the EMS ambulance transport.

Sending Physician Signature: _____ **Date:** _____ **Time:** _____

Primary EMS Provider Signature: _____ **Date:** _____ **Time:** _____

Required Elements for Interfacility Order Form

1. Patient information:
 - a. First and last name.
 - b. Date of birth.
2. Sending facility information:
 - a. Facility name.
 - b. Sending physician first and last name.
 - c. Sending physician contact number.
 - d. Sending facility discharge floor/location/bed assignment.
3. Receiving facility information:
 - a. Facility name.
 - b. Receiving physician first and last name.
 - c. Receiving physician contact number.
 - d. Receiving facility bed assignment.
4. Discharge diagnosis.
5. Reason for transfer.
6. Statement including the following, or similar language, to be endorsed by the sending physician: "I certify that this patient requires transfer to another facility and that ambulance transport is the most appropriate means of transfer for this patient. My signature verifies these written patient care orders for the EMS ambulance transport."
7. Place for sending physician signature, date and time.
8. Transporting Service Name.
9. Place for primary transporting EMS provider signature, date and time.
10. Orders information required:
 - a. Trauma patients require the following statements:
 - i. "C-Spine cleared by myself. This patient requires no spinal immobilization for this transport".
 - ii. "Full spinal immobilization required for this transport".
 - b. Patient Advanced Directives and Do Not Resuscitate (DNR) status.
 - c. The EMS provider level/crew configuration required for the transport, to include:
 - i. EMT-Basic and an EMS licensed driver.
 - ii. EMT-Intermediate and an EMS licensed driver.
 - iii. PIFT*certified Paramedic with and EMT driver

- iv. PIFT certified Paramedic with second EMS provider and EMS licensed driver for already intubated patients.
 - v. Respiratory Care Provider, in addition to a PIFT certified Paramedic and licensed EMS driver *or* PIFT certified Paramedic and Critical Care RN from the sending facility and licensed EMS driver for patients with complex ventilator settings.
 - vi. Air or Ground Critical Care transport crew *or* PIFT certified Paramedic Critical Care RN from the sending facility
(*PIFT stands for Paramedic Inter-Facility Transfer, and is a NH state required certification for *all* paramedics who will be performing and interfacility transfer).
- d. Airway
- i. Define patient airway status including ability to maintain their own airway, patient is already intubated or has a supraglottic airway in place, the possible requirement for intubation without medication assistance or Rapid Sequence Intubation, or the possible requirement for Rapid Sequence Intubation.
 - ii. The requirement for oral, tracheal or trach tube suctioning
- e. Breathing
- i. The requirement for O₂, flow rate and delivery mode of nasal cannula or non-rebreather mask.
 - ii. Requirement for CPAP, including pressure setting
 - iii. Requirement for chest tube management with or without suctioning
 - iv. Requirement for a ventilator with or without complex settings and defining the ventilator settings prescribed.
- f. Circulation
- i. Requirement for AED availability
 - ii. Requirement for IV fluids maintenance, including fluid type, rate and total infusion amount.
 - iii. Requirement for cardiac monitoring or continuous 12 lead monitoring
 - iv. Requirement for ACLS or PALS provider
 - v. Requirement to maintain an established LVAD
 - vi. Requirement for Blood administration following an initial observation period at the sending facility
 - vii. Requirement for invasive monitoring
 - viii. Requirement for a balloon pump or management of a newly placed LVAD
- g. Medications
- i. Requirements for name of medication, dose, units, route, max dose, titration range, conditions for giving the medication, and last given (at sending facility).
- h. Other orders

- i. Open text area for general orders to be written in by the sending physician

APPENDIX A

Sample Mission Statement

We will provide safe and efficient transfer for all patients that we serve without compromising the care that was being given in the sending facility. Our staff will remain compassionate while providing excellent clinical care.

APPENDIX B

Example of a Policy Regarding PIFT

ALS INTER-FACILITY TRANSFER CRITERIA

PATIENT STABILITY

There are three factors that will determine whether or not a patient is stable enough to travel between facilities at the paramedic level:

- the opinion of the sending physician;
- the level of comfort of the crew; and,
- the NH EMS Protocols.

TRANSPORT DECISIONS

- Telecommunications personnel receiving the booking must enquire of the sending facility the medications and equipment required for the patient to determine what staffing requirements are appropriate. It must also be determined if any procedures are beyond the scope of practice of a paramedic.
- Telecommunications personnel must confirm the stability of the patient. If the patient is deemed stable and care is within the paramedic scope of practice, the closest most appropriate paramedic unit will be assigned the call.
- If the sending physician deems the patient unstable, or required care is beyond paramedic scope of practice, the telecommunications center will offer the critical care transport team, briefly explaining that a critical care nurse is on board and able to transport an unstable patient. Sending facilities may also opt to assign their own staff to accompany the patient.
- Any questions should be referred to the medical director, clinical coordinator, or the medical control physician on duty.

PRE-DISPATCH

- A full inventory and inspection of the vehicle must be completed before responding to any assignment.
- Vehicle maintenance and mechanical items are to be checked in addition to medical equipment.
- Ambulance must be clean inside and outside;
- Oxygen, K tank must be at 2,000 lbs. at the start of a shift;
- Portable oxygen, there must be 2 full E cylinders at the start of a shift;
- Monitor batteries must be changed daily, assure monitor is fully functional. In addition to fully charged batteries in the monitor, there must be a charged set of spare batteries.
- Check the vehicle fuel status since the trip may be long distance, the fuel tank must be at least $\frac{3}{4}$ full;
- Check the status of the inverter to be sure it is working properly.
- Pre-plan your routes, contact dispatch/operations for instructions if you have any questions whatsoever regarding the most expedient route to either the sending or

receiving facility. Crews must also be aware of the exact in-house locations (floor, unit) at both facilities.

PICK-UP

- Crew will report to the appropriate unit at the sending facility with all necessary equipment.
- Try to anticipate all equipment needs and bring everything to the patient's side;
- Do not plan on utilizing the facility's equipment, supplies or medications, this is prohibited due to patient billing requirements;
- Exception: facility equipment may be required for special procedures, in such cases facility staff would be accompanying the patient.
- Prepare all paperwork with facility staff, double-check with unit clerk to assure that all necessary patient records accompany the patient on the transfer.
- Establish communication and complete all required pre-transport procedures with medical control physician.
- If facility staff will accompany patient, assist them with their equipment.
- Once aboard the vehicle, store and secure all equipment in a safe manner so that it cannot move around and cause injury while the vehicle is underway.

TRANSPORT

- The priority of transport will be as patient condition warrants, rarely is an inter-facility transport a priority
- Transport Priority may be upgraded if the patient unexpectedly becomes unstable.
- In these cases, the patient may have to be diverted to the closest appropriate facility.
- Medical control must be consulted and dispatch notified.
- Family members are not to accompany patient in the rear patient compartment of the ambulance.
- Family members may ride in the front and must wear passenger seat belts.
- It may be necessary to provide directions to the receiving facility for family members traveling separately.
- Family members must be cautioned not to follow the ambulance since you may have to upgrade the priority of transport if the patient's condition changes.

ARRIVAL AT RECEIVING FACILITY

- Move patient into the facility with necessary equipment.
- Hand over patient records and give report to receiving facility staff. If sending facility staff accompanied patient, they will give report while ambulance personnel assist in situating the patient.

CLEARING RECEIVING FACILITY

- Ambulance and equipment should be cleaned before clearing receiving facility so as to be in-service and available for further calls (this may not be possible if personnel need to be returned to the sending facility).

As required, return sending facility staff and assist them into their facility with any of their equipment.

APPENDIX C

Example of a Quality Management (QM) Plan

PURPOSE OF QUALITY MANAGEMENT PROGRAM

The purpose of the QM Program is to evaluate and improve upon the performance within the entire organization.

- This program is designed to continuously perform assessments on an individual and a system wide basis with the goal of providing the highest quality of customer satisfaction and patient care.
- Recommendations for actions to improve the delivery of patient care and service are made based on these continuous assessments.

GOAL FOR SYSTEM WIDE QUALITY PERFORMANCE

- The primary goal of the QM Program is to assure that field staff provides the highest quality of patient care and that the systems in which they work are conducive to this goal.
- The evaluation process established to achieve this goal will be conducted prospectively, concurrently and retrospectively.
- Performance needs review in relation to the whole system and not necessarily provider performance.

REVIEW OF FIELD PERFORMANCE

Managers should on occasion respond to calls, ride with employees on the ambulances, or ride with Supervisors to evaluate crew performance.

- This concurrent performance review will be done randomly or at the specific request of crews or supervisory personnel.
- For new hires, concurrent review is done late in the Orientation Program by the Preceptor and on a continuous basis by Clinical Supervisor, Field Training Officers, Operations Managers and Supervisors.
- Managers, Supervisors, Field Training Officers, preceptors, and field employees are expected to bring any issue concerning the quality of care or service to the attention of the Education Department.

CLINICAL SKILL PERFORMANCE EVALUATION

Employees will be periodically assessed in their clinical knowledge and skill proficiency to maintain quality patient care.

PATIENT CARE DOCUMENTATION REVIEW/AUDITS

Auditors are required to review one out of every ten EMS Incident Reports (EMSIR) (AKA PCR) in their assigned area for QM and educational purposes. However, 100% of the run reports for the following incidents will be reviewed:

- Respiratory and/or Cardiopulmonary arrests;
- Multi-systems Trauma;
- Situations requiring the utilization of specialized Advanced Life Support (ALS) procedures;
- Situations requiring the utilization of on scene aero medical evacuation;
- Situations when ALS personnel transfer patient care to Basic Life Support (BLS) personnel;
- Patient refusals of treatment and/or transport;
- Treatment of minors;
- Use of AED/SAED;
- Intubations/supraglottic airways
- Intraosseous use

DOCUMENTATION EVALUATION

In evaluating the above categories, the following specific details will be considered:

- Demographics; i.e. patient name, age, sex, address, etc.
- Incident Location.
- Transport Destination.
- Narrative including:
 - chief complaint,
 - history of present illness/injury,
 - past medical history,
 - medications,
 - allergies,
 - physical exam,
 - treatment, and
 - mode of transport.
- Vital Signs; taken every 5 minutes on unstable patients (more often as needed), and every 15 minutes on stable routine transfers (more often as needed).
- Times to included but not limited to:
 - response times
 - times procedures and/or medications given;
 - times of vital signs.
- Name of patient's physician.
- Name of medical control physician.
- Crew names and employee numbers.
- Copy of the order sheet

The result of this review will be forwarded to CES for data collection and to evaluate compliance with policies and procedures as well as other established standards and protocols.

If performance deficiencies are identified, a resolution plan or recommendation to resolve deficiencies will be established.

APPENDIX F

Central Lines

Candidate: _____

Date: _____

____ INITIAL _____ RETEST

Evaluator: _____

Verbalizes body substance isolation precautions *	1	
States benefits and risk of having a central line placed	1	
States locations a central line can be placed	3	
Demonstrates aseptic technique while handling central line*	1	
Demonstrates/states depth of central line and importance*	2	
Describes actions if central line was to become dislodged*	1	
Demonstrates administering a medication and flushing a central line With nothing smaller than a 10ml syringe*	2	
TOTAL	11	

* = Critical Criteria. Any item not done indicates the candidate was unsuccessful and must attempt the skill again.

You must factually document on the back of this sheet the reason(s) for not awarding points or for checking any critical criteria.

APPENDIX G

Chest Tube

Candidate: _____

Date: _____

____ **INITIAL** ____ **RETEST**

Evaluator: _____

	Points Possible	Points Awarded
Verbalizes body substance isolation precautions *	1	
Able to describe the difference between wet seal versus dry seal drainage devices*	2	
Identify components: suction control regulator, vacuum indicator, collection chamber, air leak monitor, suction monitor bellows, manual high negativity vent, patient Tube, and tubing/ wall suction source	8	
Assesses insertion site*	1	
Assesses patient's vital signs including temperature*	1	
Observe water seal chamber for gentle bubbling* and explains tidaling	2	
Notes water level in water seal chamber	1	
Notes drainage level in collection chamber	1	
States proper positioning of drainage system during transport: No depend loops, kinks, or pressure on tubing; suction port must be left open to air; positioned below patient's chest...	3	
Describes steps to trouble shoot air leaks: Check connections, checks tubing, checks for visible eyelets at insertion site	1	
Demonstrates use of manual high negativity vent	1	
Describes actions, should the drainage system become inoperable*	1	
TOTAL	23	

* = Critical Criteria. Any item not done indicates the candidate was unsuccessful and must attempt the skill again.

You must factually document on the back of this sheet the reason(s) for not awarding points or for checking any critical criteria.

APPENDIX H

IV Pump

Candidate: _____

Date: _____

_____ **INITIAL**

_____ **RETEST**

Evaluator: _____

Verbalizes body substance isolation precautions *	1	
Confirms patency of IV*	1	
Evaluates IV insertion site*	1	
Ensures that infusion pump has power source (electric or battery)	1	
Prepares solution container/bag and pump administration set*	2	
Primes tubing, per manufacturer's recommendations*	1	
Threads tubing through pump per manufacturer's recommendations*	1	
Primes tubing at this time if not done previously	1	
Verifies medication order*	1	
Calculates drip rate for pump infusion (usually ml/hr)*	1	
Sets/programs pump to correct infusion rate and volume per manufacture's recommendations*	1	
Attaches PRIMED tubing to IV catheter (If new IV necessary, performs venipuncture)*	1	
Opens tubing clamp and turns on pump*	1	
Sets alarms*	1	
Assesses patient's response to intervention*	1	
Verbalizes monitors at regular intervals	1	
TOTAL	17	

* = Critical Criteria. Any item not done indicates the candidate was unsuccessful and must attempt the skill again.

You must factually document on the back of this sheet the reason(s) for not awarding points or for checking any critical criteria.

APPENDIX I

Automatic Transport Ventilator

Candidate; _____

Date: _____

_____ INITIAL

_____ RETEST

Evaluator: _____

Utilizes appropriate PPE *	1	
Hooks disposable patient circuit to ventilator*	1	
Checks connections of oxygen hoses tubing*	1	
Turns oxygen supply on and checks cylinder contents*	2	
Verifies controls are set to desired parameter*rs	2	
Sets frequency to ordered breaths per minute	1	
Sets tidal volume to 10ml/kg, then backs down slightly	2	
Sets pressure relief at 40 cmH20	1	
Sets air mix to 100%	1	
Auscultates lung sounds to verify tube placement and ventilation of both lungs*	1	
Turns switch on and briefly occludes patient connection port with thumb to check that peak inflation pressure reading on manometer is appropriate for patient's condition*	1	
Applies patient port to ET tube*	1	
Monitors rise and fall of chest, breath sounds, pressure manometer and EtCO2*	4	
If spontaneous breathing, sets to SMMV (synchronized minimum mandatory ventilation)	1	
Adjusts as indicated by patient condition and settings	1	
Able to verbalize actions to be taken for alarm signal (DOPE)* <ul style="list-style-type: none"> • Lung sounds for tube placement (Dislodged) • For obstructed airway (Obstruction) • Lung sounds for equality (Pneumothorax) • Hose for kink and pressure relief setting (Equipment) 	4	
Adjusts tidal volume	1	
Assesses patient's response to intervention*		

TOTAL 25

* = Critical Criteria. Any item not done indicates the candidate was unsuccessful and must attempt the skill again.

You must factually document on the back of this sheet the reason(s) for not awarding points or for checking any critical criteria.

APPENDIX J
Paramedic Interfacility Transfer (PIFT) Competencies

Paramedic Name: _____

Orientation

	Date Completed
Review Mission Statement	
Review PIFT Policies & Procedures	
Read NH Interfacility Transfer Protocol 7.0	

Education Modules

	Date Completed
PIFT Basic Pharmacology	
PIFT Pharmacology 2	
PIFT Blood Products	
PIFT Devices	
PIFT Medical Direction and QM	
PIFT Medical Legal	

Devices

	Date Completed
Chest Tube/Pleural Evacuation Unit	
Central Line Maintenance	
IV Pumps	
Ventilators	

Paramedic Signature: _____

Clinical Supervisor Signature: _____

APPENDIX J
Paramedic Interfacility Transfer (PIFT) Competencies

Paramedic Name: _____

Orientation

	Date Completed
Review Mission Statement	
Review PIFT Policies & Procedures	
Read NH Interfacility Transfer Protocol 7.0	

Education Modules

	Date Completed
PIFT Basic Pharmacology	
PIFT Pharmacology 2	
PIFT Blood Products	
PIFT Devices	
PIFT Medical Direction and QM	
PIFT Medical Legal	

Devices

	Date Completed
Chest Tube/Pleural Evacuation Unit	
Central Line Maintenance	
IV Pumps	
Ventilators	

Paramedic Signature: _____

Clinical Supervisor Signature: _____

