



Inter-facility Pre-Transport (Evacuation) Checklist

Initiation of a patient Transfer/Evacuation

- Confirm patient has indication for higher level of care and is appropriate for transfer
- Choose a potential receiving facility based on anticipated needs of the patients. Utilize regional Emergency Medical Services Call & Dispatch Center (if available) to assist with selection of optimal transfer facility
- Verify patient's needs match the available services at the receiving facility
- Verify the receiving facility has capacity and agrees to accept the patient.
If they cannot accept the patient, contact an alternate receiving facility until an accepting facility can be located.
- Communicate directly with an appropriate provider at the receiving facility prior to departure to describe the patient's condition, care to date, and anticipated needs at the receiving facility. Document name of receiving provider in medical record.

Patient Preparation Prior to Ambulance Team Arrival

- Obtain Informed consent. Review risks and benefits of transfer with the patient, family and receiving facility. Ensure that patient and family are aware of reasons, plan, and destination facility. If a patient or family declines to be transferred, an informed refusal should be documented in the medical record.
- Consider that the family may not be able to be with the patient after transfer, including for end-of-life care. Discuss with the family and patient and ensure there is a means for communication post transfer. If possible, record family contact information in the referral form.
- Secure patient valuables for transport (whenever possible, leave with family)
- Secure IV access & consider second IV or backup supply; consider central venous catheter, especially if receiving vasoactive medication. Must consider risk/benefit and potential impact of delaying transfer.
- Provide patients that are not intubated or receiving noninvasive positive pressure ventilation with a surgical mask to wear over their mouth and nose to protect transport staff if there is a suspected or confirmed respiratory infection.
- If indicated, consider intubating the patient well in advance of the planned transport, particularly If a patient is on high flow nasal oxygen, noninvasive positive pressure ventilation, or high flow oxygen delivered by face mask.
- If intubated, ensure endotracheal tube is adequately secure and record depth in medical chart or referral form. Ensure transport team is capable of administering and titrating sedation and/or neuromuscular blockade en route. Consider sending staff from referring facility who can titrate medications.

- Repeat assessment for clinical stability immediately prior to transfer.

Coordination with Emergency Medical Services (EMS) Team for Safe Departure

- A well filled referral form (demographics, clinical presentation and all interventions) should accompany the patient. Include copies of all imaging studies and laboratory tests.
- Consider giving important medication doses such as antibiotics early/before departure if they would be due during transport or just after arrival
- Consider possible barriers to safe transfer (e.g. road closures and weather conditions both current and in the near future) when calculating transport time.
- Check that there is adequate fuel for transport.
- Check that the ambulance has enough supplies (e.g. supplemental oxygen, medications, intravenous fluids, antibiotics, vasopressors). Consider giving important medication doses such as antibiotics early/before departure if they would be due during transport or just after arrival
- Ensure adequate oxygen (with significant reserve) is available (estimate oxygen needs and supply prior to transport)
- Check that the ambulance team has adequate and appropriate PPE. Consider the driver if the patient transport compartment is continuous with the driver compartment.
- Ensure continuous monitoring (preferable) or at least sphygmomanometer and pulse oximeter for frequent vital sign checks
- Ensure a bag valve mask (BVM) is available, ideally with an HME filter to protect transport staff
- Ensure intubated patients have adequate sedation and analgesia for the duration of transport.
- Confirm that the ambulance team are trained in all transport equipment, including oxygen delivery devices, transport ventilator, suction, vasopressors delivery pumps, and monitors.
- If the patient requires mechanical ventilation, perform a trial on the transport ventilator that will be used in transit.
- Ensure that telephone or radio is available with ambulance team and working (with sufficient battery and airtime)
- Ensure Ambulance team have Patient Care Form to document care during transport

Post transport Follow-up

- Ensure follow-up contact with patient's family to provide transfer facility contact info and patient room number.
- Provide feedback to referring facility.

**Department of Emergency Medical Services
Ministry of Health**