Solano County Interfacility Ambulance Transfer Request Form

Patient Imprint

Instructions:
1. This form must be completed by the physician, it will help to identify what type of transport required
2. Fax this completed form to the ambulance service provider and send a copy with them
3. **All ALS transfers must be conducted by Medic Ambulance, (707) 644-8989**

Check the care required during transfer to determine the level of transport:

BLS

- ❑ Supplemental Oxygen: Delivery type_____ Rate_____
- ❑ IV monitoring
- ❑ Catheters such as ___foley ___ nasogastric tube ___ tracheostomy and/or ___ indwelling vascular access lines, including central line

ALS – Paramedic

- ❑ Requires a paramedic level assessment & decision making
- ❑ IV monitoring solution containing ≤ 20 meq/L of Potassium Chloride (KCL)
- ❑ Cardiac monitoring
- ❑ Stand-by External Cardiac Pacing
- ❑ Continuous Positive Airway Pressure (CPAP) or Nebulizer Therapy
- ❑ Thoracostomy Tube Monitoring
- ❑ Patient Needs one or more of the following Medications:
  - ❑ 25% and 50% dextrose
  - ❑ Aerolized or nebulized beta-2 specific bronchodilators
  - ❑ Adenosine
  - ❑ Aspirin
  - ❑ Atropine sulfate
  - ❑ Calcium chloride
  - ❑ Diphenyhydramine hydrochloride
  - ❑ Dopamine hydrocholoride
  - ❑ Epinephrine
  - ❑ Glucagon
  - ❑ Lidocaine hydrochloride push and infusion
  - ❑ Morphine sulfate
  - ❑ Midazolam
  - ❑ Naloxone hydrochloride
  - ❑ Nitroglycerin tablets or SL spray
  - ❑ Sodium bicarbonate

ALS – RN

- ❑ Requires nursing assessment & decision-making
- ❑ Patient Needing Medications other than listed below
- ❑ IV solution containing ≥20 meq/L if Potassium Chloride (KCL)
- ❑ Infusion of blood products
- ❑ Internal Cardiac Pacing Wires connected to external Device

CCT RN

- ❑ Invasive Cardiovascular Pressure Monitoring Devices (CVP, Swan-Ganz, A-line)
- ❑ Intra-aortic Balloon Counterpulsation Device
- ❑ Other Invasive Pressure Monitoring Devices (ICP monitor, etc)
- ❑ Ventilator Management

Patient Condition: ❑Critical ❑Noncritical

Ambulance Type/Personnel Requested:

- ❑ CCT **(For Critical Patients Only)**
- ❑ ALS with RN
- ❑ ALS with Paramedic
- ❑ BLS

Requested Response Level:

- ❑ Stat/Urgent (BLS/ACLS 30 min or CCT 45 min)
- ❑ Immediate - 60 min
- ❑ Scheduled - 1 to 4 hours
- ❑ Planned - 4 to 72 hours

EMS Time of Request: _____ EMS Time of Arrival: _____

Diagnosis: ❑ 5150 ❑ Other _____

Receiving Facility: _____ Floor: _____ Room: _____

Receiving Physician: _____

Transferring Physician (Print Name): _____ Transferring Facility: _____

Transferring Physician Signature: _____ Date: _____