



Justin Cross

Division Chief of Training

When To Call?

- Transport is medically reasonable and necessary
- Emergencies
- Scheduled Appointments
- Direct Admits



Medically Reasonable and Necessary

- Use of alternative method of transportation is contraindicated.
- Transport is to obtain a Medicare – Covered service or returning from said service.

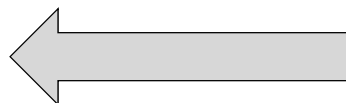
What is an Emergency?

- Life or Limb Threatening Situations
- Condition Could Worsen on the way to the Hospital
- Moving the Victim Could Cause Further Injury
- Does the Patient Need Medical Assistance En - Route

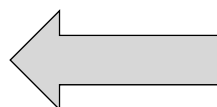


Scheduled or Routine Transports

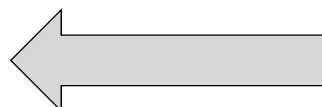
- Direct Admits



- Return Transports From Facilities



- Scheduled Appointments



Requires
PCS
Form

Physician's Certification Statement (PCS)

Physician's Certification Statement		View Form	Close
EKG monitoring required enroute	<input type="radio"/> Yes <input checked="" type="radio"/> No	Suction Required enroute	<input type="radio"/> Yes <input checked="" type="radio"/> No
Ventilator dependent, apnea monitor, Possible intubation needed or deep Suctioning	<input type="radio"/> Yes <input checked="" type="radio"/> No	Oxygen required (not applicable to prescribed O2 as a self-administered therapy).	<input type="radio"/> Yes <input checked="" type="radio"/> No
IV monitoring or IV medications required	<input type="radio"/> Yes <input checked="" type="radio"/> No	Restrained. Danger to Self or others	<input type="radio"/> Yes <input checked="" type="radio"/> No
Actively Chemically restrained	<input type="radio"/> Yes <input checked="" type="radio"/> No	Orthopedic device. Halotraction: backboard, etc.	<input type="radio"/> Yes <input checked="" type="radio"/> No
EMTALA physician directed transfer	<input type="radio"/> Yes <input checked="" type="radio"/> No		
Risk of falling off wheelchair or stretcher while in motion. Condition is such that patient risks injury during vehicle movement despite safetybelts.		<input type="radio"/> Yes <input checked="" type="radio"/> No	
Patient Safety: Danger to Self. Behavioral/cognitive risk such that patient requires stretcher-side monitoring for safety: cannot travel by wheelchair or unattended stretcher van.		<input type="radio"/> Yes <input checked="" type="radio"/> No	
Flight risk. Behavioral/cognitive risk such that patient requires attendant to assure patient does		<input type="radio"/> Yes <input checked="" type="radio"/> No	
Airway control/positioning required. Condition is such that patient requires constant airway monitoring		<input type="radio"/> Yes <input checked="" type="radio"/> No	
Isolation. Patient must be isolated from public or whose medical condition must be protected from public exposure		<input type="radio"/> Yes <input checked="" type="radio"/> No	
Patient Size. Morbid obesity which requires additional personnel or equipment to transfer.		<input type="radio"/> Yes <input checked="" type="radio"/> No	
Positioning/Specialized Handling. (1) Special handling to avoid further injury (e.g. > grade 2 decubiti on buttocks); (2) Positioning in wheelchair or standard car seat inappropriate due to contratures; (3) Recent extremity fractures requiring patient to remain supine/immobile during and for period of time after transport.		<input type="radio"/> Yes <input checked="" type="radio"/> No	
Bed Confined. If no other condition applies, please describe the reason (Medical Condition) non-ambulance stretcher transport is contraindicated			
Facility or Hospital Faculty Position			
<input type="text"/>		<input type="text"/>	
<input type="button" value="Get Faculty Signature"/>		<input type="button" value="Get Patient Signature"/>	

Who Should I Call?

- 911
- Local Ambulance Direct
- Medicaid Pre Authorization
- Taxi



Expected Questions From Dispatch

- Patients Age
- Address of Patient
- Chief Complaint
- Awake / Conscious



Dispatch (Cont.)

- Breathing Status
- Mental Status and any Changes from Baseline
- Call Back Number

Paperwork Needed

- Face Sheet (Name, DOB, SSN, PCP)
- PCS (if applicable)
- OHDNR Orders
- Medication List with Last time given



Paperwork (Cont.)

- Allergies
- Copy of Medical Power of Attorney (if applicable)
- Any Patient Specific Orders

Communication With Staff

- Vital to Patient Safety
- Makes Handoff at Destination Safer
- Chief Complaint
- Vital Signs



Communication (Cont.)

- Last Known Time Well
- Changes From Baseline
- Patient Specific Safety Concerns
- Patient's Physician

Return Trip Communication

- Paperwork From Sending Facility
- Diagnosis
- Treatments Received
- Orders From Physician

Return Trip (Cont.)

- V/S
- Patient Condition While In Transit
- Prescriptions
- Signature of Nurse Receiving Care of Patient

Patient Destination

- Closest Facility
- Specialty Resource Center
- Patient/Family Choice



Time Critical Diagnosis (TCD)

Specialty Resource Centers

- ST Elevated Myocardial Infarction (STEMI)
- Stroke
- Trauma



QUESTIONS?

