



Inter facility patient transfer

The transferring of patients between facilities (hospitals or Local Injury Units), must be carried out with due regard to patient clinical needs.

Patient clinical needs may be;

- 1 **High;** Critical care – requiring expert medical and/or nursing care to manage, monitor and perform interventions as needed.
- 2 **High;** Acute emergent care – requiring monitoring and/or active management, interventions are anticipated.
- 3 **Medium;** Acute non emergent care – requires monitoring and may require active management and/or interventions.
- 4 **Low;** Non acute care – planned transport, active monitoring or management not anticipated.
- 5 **Nil** – planned transport, no requirement for monitoring or active management.

If providing a clinical escort, it is the responsibility of the transferring hospital to ensure that the appropriate clinical support is available for the patient during the transfer.

Definitions;

Intervention, means any treatment, which may be performed by practitioners involved.

Monitoring, in relation to the observation/treatment of a patient, includes monitoring of cardiac, respiratory, metabolic, neurological or fluid status or any combination thereof, and monitoring of equipment used for same.

Examples of patient clinical needs

High	Multi system trauma, organ failure, respiratory distress, head injury GCS \leq 8, IMEWS \geq 5.
Medium	STEMI, stroke, mild SoB, GCS \geq 9 < 13, IMEWS 2 – 4.
Low	Scheduled therapy, isolated fracture, simple trauma, stable chronic conditions, IMEWS 0 – 1.

1. Does the transfer require a 'national retrieval team' involvement?	Yes	No					
	Refer caller to Retrieval team	Go to Q2 Time critical					
2. Is the transfer 'time critical'?	Yes	No					
	Go to Protocol 37	Go to Q3 system					
3. Is the transfer 'system urgent'?	High priority	Low priority					
4. What are the patient's clinical needs during transfer?	High	Medium	Low			Nil	Mental health
5. What is the patient's mobility?	Go to Q4 mobility						
	Mobility						
	Non-ambulatory (stretcher)	Non-ambulatory (wheelchair)	Ambulatory				
6. Is a clinical escort (nurse/ doctor) accompanying the patient? Note*							
7. What timeframe is required for initiation/ completion of the transfer?							
Vehicle type	EA	ICV	ICV	ICV or NAV	NAV	NAV	As per EMP guideline

Time critical = The requirement to complete a clinical procedure, to reduce mortality and/or morbidity, within a finite timeframe.

System urgent = The need to transfer a patient to avail of a clinical procedure, which is not time critical, or to optimise bed management.

EA = Emergency Ambulance (paramedic lead)

ICV = Intermediate Care Vehicle (EMT lead)

NAV = Non-ambulance vehicle

EMP = National Clinical Programme for Emergency Medicine












NTMP = National Transport Medicine Programme

Protocol 37 = Emergency Inter-Hospital Transfer

* Note – If the patient's clinical needs are high and a medical and nursing team is maintaining care during transport the ambulance vehicle may be crewed by one practitioner, provided that the medical or nursing team are familiar with the ambulance equipment.

Clinical needs	Contact	Crew (minimum)	Vehicle type (minimum)
Critical care	Specific number	EMT (driver) With patient; minimum of two; combination of specialist doctor, specialist nurse/midwife or paramedic	Specific design or emergency ambulance
Acute emergent care (time critical; Emergency Inter- Hospital Transfer Protocol 37)	999 (HSE control)	EMT (driver) With patient; a combination of doctor, nurse/midwife or paramedic as required.	Emergency ambulance or Intermediate Care Vehicle (if design appropriate)
Acute emergent care (time not critical)	Specific number	EMT (driver) With patient; paramedic.	Emergency ambulance or Intermediate Care Vehicle (if design appropriate)
Acute non emergent care	Specific number	EMT (driver) With patient; paramedic or EMT as required.	Emergency ambulance or Intermediate Care Vehicle
Non acute care (Non ambulatory - stretcher)	Specific number	EMT (driver) With patient; EMT	Intermediate Care Vehicle
Non acute care (Non ambulatory – wheelchair or Ambulatory)	Specific number	FAR (driver)	Non-ambulance vehicle
Nil	Specific number	Driver	Non-ambulance vehicle
Mental health care needs	Specific number	As outlined in the Clinical Guidance issued by Emergency Medicine Programme	As outlined in the Clinical Guidance issued by Emergency Medicine Programme

Note: The equipment and medication to enable full scope of practice must be available to match the practitioner clinical lead.

Acuity Level (Patient)	Definition	Clinical Requirement	Minimum Vehicle type	Minimum Staff Clinical Level
High	Mobile Critical Care Time may be critical. Monitoring and interventions ongoing.	May require (in addition to column two): <ul style="list-style-type: none"> • circulatory support • ventilatory support 	Specifically designed vehicle Or Emergency Ambulance (if design appropriate)	 or + with patient a combination of  (minimum two) as required
High	Acute Emergent Care (Time critical, Emergency Inter-Hospital Transfer - Protocol 37) Requires monitoring and interventions are anticipated.	Anticipate will require (in addition to column two): <ul style="list-style-type: none"> • observation and monitoring of I.V. infusion • administration of medications as per PHECC Paramedic CPGs. • interventions as per PHECC Paramedic CPGs. • MP and/or RN/M if additional medications or interventions required. 	Emergency Ambulance Or Intermediate Care Vehicle (if design appropriate)	 or + with patient a combination of  as required
High	Acute Emergent Care (Time not critical) Requires monitoring and interventions are anticipated.	Anticipate will require (in addition to column two): <ul style="list-style-type: none"> • observation and monitoring of I.V. infusion. • administration of medications as per PHECC Paramedic CPGs. • interventions as per PHECC Paramedic CPGs. 	Emergency Ambulance Or Intermediate Care Vehicle (if design appropriate)	 or + with patient 
Medium	Acute Non Emergent Care Time not critical. Requires monitoring and may require interventions.	May require (in addition column two): <ul style="list-style-type: none"> • observation and monitoring of I.V. infusion • administration of medications as per PHECC EMT CPGs. • interventions as per PHECC EMT CPGs. • Paramedic if additional medications or interventions required 	Emergency Ambulance Or Intermediate Care Vehicle	 + with patient  or as required
Low	Non Acute Care (Non ambulatory - stretcher) Non-emergency planned and routine transport. Time not critical. Interventions not anticipated.	May require: <ul style="list-style-type: none"> • oxygen therapy. • supervision without restraint. • administration of medications as per PHECC EMT CPGs. • interventions as per PHECC EMT CPGs. 	Intermediate Care Vehicle	 + with patient 
Low	Non Acute Care (Non ambulatory - wheelchair or ambulatory) Non-emergency planned and routine transport. Time not critical. Interventions not anticipated.	May require: <ul style="list-style-type: none"> • assistance entering and alighting from vehicle. • assistance with own medications. • assistance with check in at destination. • carer to accompany the patient. 	Non-ambulance vehicle	
Nil	Ambulatory	No requirement for monitoring or interventions.	Non-ambulance vehicle	NIL requirement



= First Aid Responder



= Emergency Medical Technician



= Paramedic



= Medical Practitioner



= Registered Nurse / Midwife

Design appropriate = a) access to patient's head, b) brackets fitted to take NTMP trolley stretcher, c) other requirements specified by NTMP

Patient	Escort	Vehicle Type and Pre-hospital personnel
<p>High risk behavioural disturbance</p> <p>Involuntary</p>	<p>Assisted admission</p>	<ul style="list-style-type: none"> Assisted Admission vehicle with Assisted Admission team Ambulance or Intermediate Care Vehicle (ICV) Paramedic and RGN (Registered General Nurse) /RPN (Registered Psychiatric Nurse) /Medical Practitioner when Assisted Admission service is unavailable
<p>Moderate to high risk behavioural disturbance</p> <p>Voluntary or Involuntary</p> <p>Including:</p> <ul style="list-style-type: none"> for admission to psychiatric unit is sedated or may require medication/sedation en route* has capacity to consent to transport 	<p>RGN (Registered General Nurse) /RPN (Registered Psychiatric Nurse) /Medical Practitioner</p>	<ul style="list-style-type: none"> Ambulance with Paramedic or Intermediate Care Vehicle (ICV) with EMT (not Paramedic) <p>*Patients who are sedated or who may require sedation en route should only be transported in an ICV with appropriate resuscitation equipment and an RGN/RPN/Medical Practitioner escort.</p>
<p>Low to moderate risk behavioural disturbance</p> <p>Voluntary</p> <ul style="list-style-type: none"> has a significant acute disturbance of mental state not sedated at the time of transfer has capacity to consent to transport and admission 	<p>RGN / RPN / Health Care Assistant (HCA) or none</p>	<ul style="list-style-type: none"> Ambulance with Paramedic or Intermediate Care Vehicle with EMT (not Paramedic)
<p>Low risk of behavioural disturbance</p> <p>Voluntary</p> <ul style="list-style-type: none"> low risk of harm to self or others not sedated at the time of transfer and will not require medication 	<p>RGN/RPN/HCA/competent carer or none</p>	<ul style="list-style-type: none"> Private transport (No pre-hospital personnel)
<p>Transfer prioritisation: Non-emergency transfers are regarded by the NAS as priority AS2 (Urgent) with an agreed timeframe with the transferring hospital. Emergency transfers come under the guidance of PHECC Protocol 37 (Priority Dispatch Standard).</p>		

Table 1: Recommended approach to determine the appropriate clinician escort, pre-hospital personnel and mode of transport for patients with mental health care needs.