

PEDIATRIC ASTHMA

SIMULATED VENTILATOR INCLUDED

Estimated Time: 45 minutes • Debriefing Time: 20 minutes



Scan to Begin



Patient Name: Patrick Armstrong

SCENARIO OVERVIEW

Patrick Armstrong is a 16-year-old patient who has known asthma. Today while experiencing an asthma attack, he attempted to drive himself to the hospital. His breathing worsened on the way, so he pulled over and called 911.

Level 4V requires a “Scene Size-Up,” “Primary Survey,” “Secondary Assessment,” and “Reassessment,” based on the National Registry of Emergency Technicians Advanced Level Psychomotor Exam. In addition, in State 5, students will set up our virtual ARISE mechanical ventilator to prepare for an interfacility transport of this mechanically ventilated patient.

Note: To emphasize the clinical criteria of a 15-minute time limit, timers are in place so that if a student does not make a Transport decision within 10 minutes, they receive a warning. If they do not make a Transport decision within 15 minutes, they will automatically be exited from the scenario.

LEARNING OBJECTIVES

1. Gather information related to dispatch
2. Perform a “Scene size-up”
3. Perform a “Primary Survey”
4. Make transport decision
5. Perform “History Taking” and “Secondary Assessment”
6. Interpret vital signs
7. Verbalize proper interventions/treatment per protocol
8. Perform a Reassessment
9. Prepare for an interfacility transport of a mechanically ventilated patient

CURRICULUM MAPPING

WTCS EMT-P PROGRAM OUTCOMES

- Prepare for incident response and EMS operations
- Integrate pathophysiological principles and assessment findings to provide appropriate patient care.
- Communicate effectively with others
- Demonstrate professional behavior
- Meet state and national competencies listed for EMT- paramedic certification(s).

SIMULATION LEARNING ENVIRONMENT & SET-UP

PATIENT PROFILE

Name: Patrick A. Armstrong

Weight: 109 kg (240 lbs)

DOB: 11/16/20xx

Code Status: Full code

Age: 16

Primary Language spoken: English

Gender: Male

Allergies: NKDA

Height: 177.5 cm (5 ft 11 in)

EQUIPMENT/SUPPLIES/SETTINGS

Patient

- Street clothes, ball cap, phone, jewelry can be present
 - Has his cigarettes and his inhalers with him in the car

Monitor Settings: none

QR CODES

| | | | |
|--|--|--|---|
| <p>DISPATCH</p>  | <p>SCENE</p>  | <p>PATIENT</p>  | <p>DUONEB</p>  |
| <p>EPINEPHRINE</p>  | <p>METHYL- PREDNISOLONE IV</p>  | <p>MAGNESIUM IV</p>  | <p>KETAMINE</p>  |

| | | | |
|---|---|---|--|
| ETOMIDATE  | SUCCINYLCHOLINE  | ROCURONIUM  | MIDAZOLAM  |
| FENTANYL  | PATIENT WORSENS  | PATIENT CONFUSED  | PATIENT UNRESPONSIVE  |
| FACILITATOR  | | | |

TEACHING PLAN

PREBRIEF

The facilitator should lead this portion of the simulation. The following steps will guide you through Prebrief.

- Scan the **QR code: “Scan to Begin”** while students are in Prebrief
- “Meet Your Patient” (on iPad) and explain how the iPad works in the simulated learning environment including:
 - Facilitator note: This scenario has been designed to flow without scanning additional QR codes for convenience in the classroom. For added flexibility, you may elect to use the QR codes provided above to design your own scenario flow.
- Discuss the simulation “Learning Objective(s)” (on iPad) as well as any other Prebrief materials

STATE 1

RECEIVE DISPATCH

- Play “Dispatch” (on iPad): “ARISE EMS, you’re dispatched for a 16-year-old male patient with respiratory distress, pulled over in his car at 100 North Main Street. He states he is having an asthma attack.”
- Possible Facilitator Question
 - What are your plans based on the dispatch you received?
- View “En Route” plaque
- View NR-EMT Advanced Level Psychomotor Exam, Patient Assessment-Medical form

STATE 2

SURVEY THE SCENE

- Play “Arrival on Scene” video
- View “15-minute Reminder” plaque
 - Note to facilitator: students will automatically be exited from the game in 15 minutes after viewing the Scene video if they have not yet made a Transport decision. A 10-minute reminder will be given.
- View the “Scene Size-Up” plaque with the following questions:
 - Verbalize if anybody substance isolation precautions are required
 - Verbalize how you will perform a “scene size-up”
 - Facilitator note: students may replay the video
- Play the “Patient” video
 - View the “Primary Survey” plaque with the following questions:
 - Verbalize how you would perform a Primary Survey for this patient
 - What is your transport decision?
 - Facilitator note: Students may replay the Patient video
- View the “Indicate Transport Decision” plaque with text stating “Indicate your transport decision by tapping the Transport tab.”
 - Students should then tap the Menu icon then the Transport Tab to indicate their decision (see instructions under the Transport Tab below.)
- Tabbed iPad Content

EMERGENCY HOME SCREEN

This is the home screen. In the top left corner is the “menu” icon where the tabs described below can be accessed.

MEDICAL ASSESSMENT FORM

The National Registry of Emergency Medical Technicians, EMT Advanced Level Psychomotor Exam: Patient Assessment/Management – Medical form is displayed here. (It is also attached in Appendix A so that it can be printed out for the student if desired.)

PATIENT PROFILE

Patient demographic information is displayed here

SCENE SURVEY

Tap here to replay the Scene Survey video if desired

PATIENT

Tap here to replay the Patient video if desired

TRANSPORT

Students are asked, “Have you made your transport decision?”

- If they select “Yes”: they will receive another question: “Will you transport?”
 - If they select “Yes” again, then they will receive a message “Prepare to transport.”
 - If they select “No” then they will receive a message “Communicate your decision to dispatch” followed by “Discuss your Transport decision with your facilitator.”
- If they select “No”: they will see an image of a clock timer with the message “Your decision must be made within 15 minutes.”

Note: Students have 15 minutes to indicate a Transport decision or they will be automatically exited from the scenario. Students will receive a 10-minute warning.

LEVEL

Level 2 is displayed. In order to progress to State 3, students must indicate “Yes” that they have made their transport decision using the Transport tab.

SCANNER

Use this to scan optional QR Codes.

EXIT

If students tap Exit at this point, the iPad reads, “Are you sure you want to exit? All data will be lost.”

- If “No” is selected, the iPad will return to the tabbed content.
- If “Yes” is selected, the iPad will let the student(s) exit and prompt them to complete an embedded 3-5 minute survey.

If students tap Exit at the end of the scenario after ALL of the learning objectives HAVE been met, the iPad reads, “All scenario objectives have been completed. Would you like to exit the scenario?”

- If “No” is selected, the iPad will return to the tabbed content.
- If “Yes” is selected, the iPad will let the student(s) exit and prompt them to complete an embedded 3-5 minute survey.

STATE 3

SECONDARY ASSESSMENT

- View the “History Taking” plaque:
 - Verbalize the questions you would ask to obtain a “History of Present Illness”
 - Verbalize the questions you would ask to obtain “Past Medical History”
- View “Secondary Assessment” plaque with the following questions:
 - Verbalize how you would assess the affected body part(s)
- View the “Pulmonary Assessment: Anterior” plaque with instructions to “tap on anatomical location(s) to listen to the lung sounds.”
 - An image of an anterior chest appears with “hot spots” located over each anatomical location of the chest. Students can tap on anatomical locations to listen to lung sounds.
- View the “Pulmonary Assessment: Posterior” plaque with instructions to “tap on anatomical location(s) to listen to lung sounds.”
 - Students can listen to posterior lung sounds by tapping on the “hot spots”.
- View “Verbalize Interventions” plaque and answer the associated question:
 - Interpret Patrick’s vital signs: Pulse 120, RR 35, BP 148/92, O2 sat 88%, End tidal CO₂:32
- View plaque entitled “Treatment Plan” with the following questions:
 - What is your field impression of the patient?
 - Verbalize your treatment plan per Protocol provided
 - Re-evaluate and verbalize your current transport decision.
- Tabbed iPad Content changes:

PROTOCOL

See the Protocol in Appendix A

Note: students may tap on hyperlinked medications to view medication information.

VITAL SIGNS

Patient's current vital signs are displayed here.

LEVEL 3

Level 3 is displayed. Scenario progresses to Level 4 after the Protocol tab is viewed.

STATE 4

REASSESSMENT

- Play video of the patient loaded in the ambulance
- View “Reassessment” plaque with the following question:
 - Verbalize how you will repeat a Primary Survey
 - Facilitator Note: Students may also re-play the new patient video
- View “Repeat Vital Signs” plaque with the following question:
 - Interpret Patrick’s vital signs: Pulse 143, RR 48, BP 148/92, O2 sat 92% and End Tidal CO2 48.
 - Facilitator Note: NRB in place at this time
- Play “Second Patient Video”
 - Facilitator note: patient is becoming confused
- View “Evaluate response to treatments” plaque with text stating:
 - “Verbalize your response to patient condition.”
 - Facilitator note: student may also replay the video
- Play “Third” patient video
 - Facilitator note: patient becomes unresponsive
- View “Verbalize your response per protocol” plaque with the following questions:
 - What will you assess?
 - What are your interventions per protocol?
 - Students should tap on the Protocol tab to view protocol and make decision
 - Facilitator note: Students may view additional medication information within the protocol by tapping on the hyperlinks
 - Note: Students may scan QR codes associated with medications to view realistic medication labels as they verbalize their interventions
- After the Protocol tab is tapped, a “Treatment per Protocol” plaque appears with following statement:

- Verbalize how you would care for the patient per Protocol at this time.
- Tabbed iPad Content changes

LEVEL 4

Level 4 is displayed. Scenario progresses to Level 5 after the Protocol tab is viewed

STATE 5

INTERFACILITY TRANSPORT ON MECHANICAL VENTILATION

- Play “Dispatch” audio (on iPad): “ARISE EMS. You are dispatched to Small Town Hospital to transport an intubated and mechanically ventilated adult patient to Big City for further management. They are awaiting your arrival in ED room 12 and will give you further details on site.”
- Play video of the patient who is on a mechanical ventilator in the ED
- View a plaque entitled “Ventilator Transport” with the following questions:
 - Verbalize how you will prepare to transport a patient on mechanical ventilation.
 - Verbalize how you will assess the patient prior to transport.
 - Tap on the button labeled “Interfacility Transport Protocol” to view that protocol. A printable version is also available in Appendix B.
- View a plaque entitled “Set Up Ventilator” with the following text: “Set up the transport ventilator with the following settings:
 - Mode: Volume Control
 - Rate: 18
 - Vt: 500
 - O2: 100%
 - PEEP: +10
 - Students can view the “Interfacility Transport Protocol” again by tapping the Interfacility Transport button.
- View the virtual ARISE Mechanical Ventilator
 - Input the settings as ordered by turning the dial.
 - These are not tied to programming.
 - Facilitator Note: The ventilator will not allow student to input settings that are mathematically impossible.
 - When “Commit Changes” is tapped, the ventilator “turns on.”

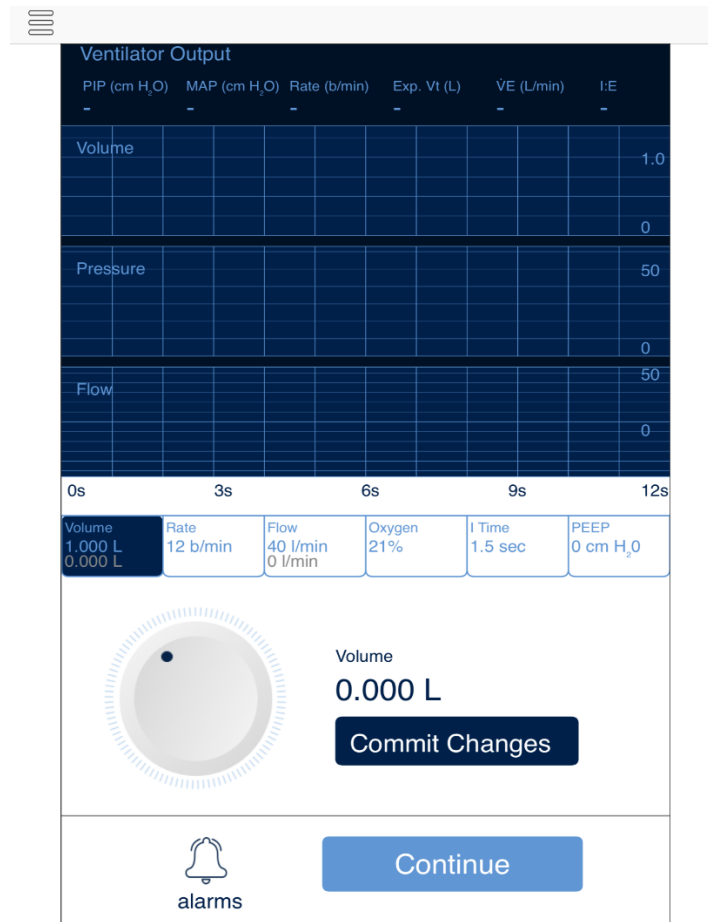
- The ventilator may flash red and sound an alarm indicating that alarms must be set. Tap the alarm button to adjust the alarms.
- Tap “HOME” to go back to the main ventilator screen.
- If at any point students leave the ARISE Virtual Ventilator, it is located in the tabbed iPad content.
- Scan **QR Code: Facilitator** when settings are input correctly.
 - View a message the reads, “Learning objectives have been met. You may exit the scenario at this time.”
- Tabbed iPad Content changes

PROTOCOLS

Both the Respiratory Distress and Interfacility Transport protocols are located here.

VENTILATOR

This is where the ARISE Virtual ventilator is located.



EXIT

Students may exit after **QR Code: Facilitator** is scanned.

DEBRIEF

Nothing needed from the iPad.

QUESTIONS

1. How did you feel this scenario went?
2. Review understanding of scenario learning objectives.
 - a. Was the scene safe? Explain.
 - b. What actions are required when a patient is in a car?
 - c. What body isolation precautions were appropriate?
 - d. What is the nature of the patient's illness?
 - e. What did you discover during your Primary Survey?
 - f. What information did you gather while performing History Taking?
 - g. What was your transport decision? Why?
 - h. What information did you gather during your Secondary Assessment and vital signs interpretation?
 - i. What treatments did you initiate per protocol?
 - j. Did the patient's condition change after being loaded in the ambulance? How did you respond?
 - k. Regarding the video of the patient on the ventilator in the ED, what issues could arise on the transport and how will you prepare for them?
 - l. Discuss the mechanical ventilator settings, alarms, and troubleshooting at this time.
 - m. If you could "do over," would you do anything differently?
3. Summary/Take Away Points:
 - a. Today you analyzed the scene and performed a Scene Size-up, Primary Survey, Secondary Assessment and Reassessment for a 16-year-old patient found in his car in a parking lot experiencing an asthma attack. Then, you set up a mechanical ventilator to prepare for an interfacility transport of this patient. What is one thing you learned from participating in this scenario that you will take with you into your EMS practice? (Each student must share something different from what the others' share.)

NOTE: Debriefing technique is based on INASCL Standards for Debriefing

SURVEY

Print this page and provide to students.

Students, please complete a brief (2-3 minute) survey regarding your experience with this ARISE simulation. There are two options:

1. Use QR Code: Survey
 - a. Note: You will need to download a QR Code reader/scanner onto your own device (smartphone or tablet). There are multiple free scanner apps available for both Android and Apple devices from the app store.
 - b. This QR Code will not work in the ARIS app.



2. Copy and paste the following survey link into your browser.
 - a. https://ircvtc.co1.qualtrics.com/SE/?SID=SV_6Mwfv98ShBfRnBX

APPENDIX A: RESPIRATORY DISTRESS PROTOCOL

ARISE EMERGENCY MEDICAL PROTOCOLS**RESPIRATORY DISTRESS***COPD / Emphysema / Asthma / Chronic Bronchitis***Emergency Medical Responder**

- Initial Medical Care
- Position patient upright or in position of comfort
- If bronchospasm or wheezing present:
 - **Albuterol: 2.5 mg** via nebulizer
 - May repeat as needed every 5-10 minutes

Emergency Medical Technician

- Consider CPAP (See CPAP Procedure)
- If bronchospasm or wheezing present:
 - **Duoneb** 3 ml (Ipratropium Bromide 0.5 mg/Albuterol 3 mg) via nebulizer
 - May repeat as needed every 5-10 minutes
- Monitor **End-Tidal CO₂** via nasal prongs for severely ill patients
- Respiratory distress continues despite the above interventions:
 - If patient age <50, HR <130, AND no significant cardiac history may give **Epinephrine** (1mg/mL): 0.3 mg/ 0.3 mL IM
 - If patient age >50, HR >130, OR significant cardiac history:

Per MCPO:

- **Epinephrine** (1mg/mL): 0.3 mg / 0.3 mL Sub Q / IM

Advanced EMT**Intermediate**

Paramedic

- Consider [Methylprednisolone \(Solumedrol\)](#): 125 mg IV

Per MCPO:

- [Magnesium Sulfate](#): 2g in 250cc D₅W (Infuse over 20 min)

- Consider **Drug Facilitated Airway Management (DFAM)** protocol if patient worsens despite above treatment.

DRUG FACILITATED AIRWAY MANAGEMENT (DFAM)

PRE-OXYGENATE:

- High-flow oxygen for 3 - 5 minutes prior to intubation
 - If patient is breathing and pulse oximetry is above 90%, apply non-rebreather at 15 lpm. If patient is **NOT** breathing adequately or pulse oximetry is below 90%, ventilate slowly and easily with bag valve mask hooked up to high flow oxygen. Best practice is to place a nasal cannula at 4-6 lpm in addition to NRB or BVM ventilations to maximize PO₂ level as well as CO₂ washout. This nasal cannula should remain in place while airway management is performed.
- Continuous pulse oximetry and capnography is required

Standard Protocol:
for Respiratory distress/failure, trauma patient (not including potential head injury), need to protect airway (not including potential head injury)

INDUCE:

| Adults | |
|--|--|
| <ul style="list-style-type: none"> • <u>Ketamine</u>: 2 mg/kg IV/IO • (OR) • <u>Etomidate</u>: 0.3 mg/kg IVP (Max: 30 mg) | |

Use caution with Ketamine if HR>140bpm or SBP>180

PARALYZE:

- **Succinylcholine**: 2 mg/kg IV/IO (Max: 200 mg)
 - **Alternate if contraindication for Succinylcholine:**
 - **Rocuronium** 1 mg/kg IV/IO
 - **DO NOT paralyze the patient without administering sedation first**
-

PLACE AIRWAY:

- ETT (preferred – max of two (2) attempts) or non-visualized airway (iGel Airway) or Cricothyrotomy
-

POST MANAGEMENT:

- Confirm airway placement: (Minimum of 3 means)
 - Visualize
 - Check Lungs / Epigastric Sounds
 - Capnography
-

POST INTUBATION PLAN:

Optimize sedation and pain control post-intubation. This will allow proper ventilation for the vast majority of intubated patients.

| | Sedation (PRN) | Pain (PRN) |
|--|---|---|
| | <p><u>Ketamine</u>: 1 mg/kg IV/IO May repeat x1</p> <p>(or)</p> <p><u>Midazolam</u>:</p> <ul style="list-style-type: none"> ○ 0.05 mg/kg IV/IO ○ Max: 10 mg/dose | <p><u>Fentanyl</u>: 1 mcg/kg IV/IO May repeat every 10 min as needed</p> |

*****PARALYTIC AGENTS ARE NOT TO BE ADMINISTERED UNLESS SEDATION AND PAIN CONTROL MEDICATIONS ARE USED TO THEIR MAXIMUM DOSES!!!*****

Rocuronium 1mg/kg IV/IO

Please note: if **Rocuronium** is utilized for initial intubation, there should be minimum 30min before post-intubation dose is administered.

- Continuous monitoring of ECG, Pulse Oximetry, and Capnography is required

Special Note:

Succinylcholine is **NOT** to be used in patients with: suspected renal failure, suspected rhabdomyolysis/prolonged down time, ocular trauma, myopathy or neuro-muscular disease, suspected hyperkalemia, hx of malignant hyperthermia, recent crush injury or major burn (>48 hrs after the injury) and recent spinal cord injury (72 hrs – 6 months). In lieu of **Succinylcholine**, use **Rocuronium**: 1 mg/kg IV/IO **Max: 140 mg/dose**

Potential Head injury patient: 3:2:1 protocol

This includes suspected head trauma patients as well as potential Stroke/spontaneous brain bleed patients

Administer the following medications in this order:

1. **Fentanyl** 3mcg/kg IV/IO
2. **Ketamine** 2mg/kg IV/IO
3. **Rocuronium** 1mg/kg IV/IO

See table below for dosing

- DO NOT paralyze the patient without administering sedation first

| 3:2:1 -- Rapid Sequence Intubation | | | | |
|------------------------------------|-----|--|---|---|
| Lbs. | Kg. | <u>Fentanyl</u> 3mcg/kg 50mcg/mL | <u>Ketamine</u> 2mg/kg 50mg/mL | <u>Rocuronium</u> 1mg/kg 10mg/mL |
| | | ADMINISTRATION RATE: 60 seconds. Rapid IV push may cause chest wall rigidity | ADMINISTRATION RATE: 60 seconds. Rapid IV push may cause respiratory depression and increased catatonia | ADMINISTRATION RATE: 30 seconds. |

If patient with allergy, then revert to standard protocol and utilize alternative medications

PLACE AIRWAY:

- ETT (preferred – max of two (2) attempts) or non-visualized airway (iGel Airway)
or
Cricothyrotomy

POST MANAGEMENT:

- Confirm airway placement: (Minimum of 3 means)
 - Visualize
 - Check Lungs / Epigastric Sounds
 - Capnography

POST INTUBATION PLAN:

Optimize sedation and pain control post-intubation. This will allow proper ventilation for the vast majority of intubated patients.

| | Sedation (PRN) | Pain (PRN) |
|--|--|---|
| | <p><u>Ketamine</u>: 1 mg/kg IV/IO May repeat x1 (or) <u>Midazolam</u>:</p> <ul style="list-style-type: none"> ○ 0.05 mg/kg IV/IO ○ Max: 10 mg/dose | <p><u>Fentanyl</u>: 1 mcg/kg IV/IO May repeat every 10 min as needed</p> |

*****PARALYTIC AGENTS ARE NOT TO BE ADMINISTERED UNLESS SEDATION AND PAIN CONTROL BOTH ARE OPTIMIZED!!!*****

Rocuronium 1mg/kg IV/IO may be administered 30 min after intubation of patient only if sedation and pain control are both optimized

Chippewa Valley Regional Emergency Medical Services Protocols (2016). Medical Protocols.

APPENDIX B: INTERFACILITY TRANSPORT PROTOCOL

INTERFACILITY TRANSPORTS**Purpose:**

This guideline will establish policy and procedure for interfacility transports and to acknowledge patient care considerations and regulations that differ from 911 and scene ambulance calls. This also includes procedures for obtaining medical control requests and proper forms that are required prior to transport

Guideline:

At the time of assignment or dispatch, the crew will gather adequate information about the patient's condition and special needs in order to prepare the vehicle and equipment required

If traveling outside of the city, it is a good idea to call the sending hospital and speak with RN or MD if you need further information about the patient's condition. This saves time if the patient is unstable and in need of an alternate mode of transport; such as flight, where time and critical care needs may be better met

On arrival, at the sending hospital, conduct a patient assessment, confirm the patient's monitoring and treatment needs, and establish the level of urgency. The crew must then determine if they are authorized and prepared to provide the appropriate level of care

If unfamiliar with equipment or medications the patient may be on and/or the patient demands are beyond the EMT's training level, additional specialty care personnel needed. Call the on duty Battalion Chief and/or ECFD Medical Control for assistance. Prior to accepting responsibility for the patient, the crew must correct or otherwise resolve these types of issues

For any transfer where the crew is unable to resolve concerns or discrepancies regarding the appropriate level of care, urgency, or mode of transport with the sending facility, contact an ECFD Medical Control Physician

Transport safety considerations should be acknowledged and adequately provided for, including, but not limited to:

- Adverse weather conditions that will place the patient, crew, and others on the road at risk. Delay of transport is encouraged until safe travel conditions occur
- Ensuring adequate space availability and providing for the securing of additional specialized equipment or personnel
- Adequate stretcher safety straps or conveyance devices appropriate for the physical size or special needs of the patient

Policy 9 – 1

INTERFACILITY TRANSPORTS

- Providing chemical or physical restraints as per protocol for patients who are uncooperative, incarcerated, on legal hold, or those who are a threat to themselves or others

The crew and more specifically the driver, is responsible for the safe and legal operation of the vehicle. This includes utilizing the criteria set forth in the policy for “emergent transport.” The sending MD may request you transport emergently, but ultimately, this decision is up to the crew.

If the patient is on a medication that is **NOT** carried on ECFD ambulances, locate the medication reference in the “Inter-facility Transport Meds” in the “MOM” section of the protocols. Read through the guidelines and be aware of possible side effects and adverse reactions. If the medication is not listed, ask for a printout reference from the sending facility. Call ECFD medical control to gain permission to transport patient who is on the medication

Be sure to have all physician orders in writing from the sending facility. This includes pain management and/or changes in other medication rates to be performed while en-route to the destination.

Proper paperwork acquisition is essential. WI Medicare/Medicaid will not pay for transfer if the proper documents are not received when the claim is sent in. They will also not pay for transports that are not medically necessary. The following documents are required for specific types of transports:

Physician’s Certification Statement (PCS): Completed by the patient’s physician or designee to include: physician’s assistant, nurse midwife, nurse or nurse practitioner.

- Sections 1-5 must be filled out in entirety to clearly define the necessity for non-emergency ambulance services. The document must state why the recipient’s condition precludes transport by any other means, the specific circumstances requiring that the recipient be transported to the office or clinic to obtain a service, the services performed, and an explanation of why the service could not be performed in the hospital, nursing home or recipient’s residence
- If the PCS form cannot be filled out showing need for ambulance transport, it must be explained that patient’s insurance whether private, Medicare and/or Medicaid will not likely pay for transport. If the physician/physician’s designee and patient understand and want to continue with transport, you need to obtain the patient’s signature on either of the following, whichever applies:

Policy 9 – 2

INTERFACILITY TRANSPORTS

- **Advance Beneficiary Notice (ABN):** This is for **Medicare** patients to inform them their transport will not likely be covered by Medicare and by signing; they will accept responsibility for the bill.
- **Medicaid Patient Waiver:** This is for **Medicaid** patients to inform them their transport will not likely be covered and by signing, they will accept responsibility for the bill.
- The physician, physician assistant, nurse midwife, dentist, or nurse practitioner performing the service must sign and date the statement. Verbal authorizations must be reduced to writing either within ten working days of receiving the authorization or prior to the submission of the claim whichever comes first.

Hospital to hospital or nursing home to nursing home: A completed PCS form explaining why the discharging institution was not an appropriate facility for the patient's condition and why the admitting institution is more appropriate for that condition. The documentation must include details of the recipient's condition. The certification must be obtained prior to the transfer and must be signed and dated

All other non-emergency transportation: A PCS form, signed and dated, from the physician/designee who prescribes the transport. The form must indicate why transportation by ambulance is necessary

These forms should be completed after the transfer is completed:

- **Ambulance Billing Authorization and Privacy Acknowledgement Form:** Try to obtain patient signature prior to arrival at destination. This form is imperative for all billing purposes. If the patient cannot sign section I, you must have an "authorized representative" signature obtained. The authorized representative can only sign if the patient is physically or mentally incapable. Proper documentation noting why the patient is unavailable is required. An authorized representative can be:
 - The patient's legal guardian
 - A relative or other person who receives social security or other governmental benefits on the beneficiary's behalf
 - A representative of an agency or institution that did not furnish the services for which payment is claimed but furnished other care, services, or assistance to the beneficiary

*Policy 9 – 3***INTERFACILITY TRANSPORTS**

- **Charge Sheet:** This is to bill for mileage, base charge, services, disposable and non-disposable supplies. Print clearly and write in any supplies that may not be listed on the bottom

Documentation should be thorough with regard to the run report. Include orders given by whom, when, and from where.

Keep customer service in mind throughout the entire call. This means talking respectfully to the sending hospital staff, the patient and the receiving facility staff

CREDITS

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