

# HEART FAILURE

## SIMULATED VENTILATOR INCLUDED

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Estimated Time: 45 minutes • Debriefing Time: 20 minutes

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Scan to Begin



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Patient Name: Henry Foster

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## SCENARIO OVERVIEW

Henry Foster is a 62-year-old male patient with a history of chronic heart failure who called 911 when he became increasingly short of breath at home.

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

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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 and Diagnostics
7. Verbalize proper interventions/treatment
8. Prepare for an interfacility transport of a mechanically ventilated patient

## CURRICULUM MAPPING

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### 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: Henry Foster

Weight: 81.8 kg (180 lbs)

DOB: 09/06/19xx

Code Status: Full code

Age: 62

Primary Language spoken: English

Gender: Male

Allergies: NKDA

Height: 175 cm (5 ft 10 in)

### EQUIPMENT/SUPPLIES/SETTINGS

#### Patient

- Street clothes, flannel shirt, knit hat
- Side table in home contains various cues related to his condition: empty beer bottles, open potato chip packages, a bottle of whiskey, a gun, a wastebasket overflowing with tissue

**Monitor Settings:** none

## QR CODES

DISPATCH 	SCENE 	PATIENT 	FAMILY MEMBER 
ASPIRIN 	FENTANYL 	FUROSEMIDE 	NITROGLYCERIN IV 
NITROGLYCERIN SUBL 	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, respond emergent to the address of 2610 Main Street, in Anytown. Report of a 62-year-old male having shortness of breath, history of Congestive Heart Failure. Family is reporting increased shortness of breath, unable to get up today.”
- View the “En Route to the scene” message
- Preview the National Registry of EMT Advanced Level Psychomotor Examination form for Medical Assessment
- Possible Facilitator Question:
  - “What are your plans based on the dispatch you received?”

## STATE 2

**SURVEY THE SCENE**

- Play “Scene Survey” video
- View the plaque reminding students “Your transport decision must be made within 15 minutes.”
- View the plaque with the following questions:
  - Verbalize if body substance isolation precautions are required
  - Verbalize how you will perform a “scene size-up”
- View the “Patient” video
  - How will you respond to the patient?
- View the “Family member” video
  - How will you respond to the family member?
- View the plaque entitled “Primary Survey and History Taking” with the following questions:
  - Verbalize how you perform a Primary Survey for this patient
  - What is your transport decision?
  - Facilitator Note: students may also replay the patient video
- View the plaque entitled “Indicate Transport Decision” with text stating “Indicate your transport decision by tapping the Transport tab.”
  - Students should then tap Transport Tab and make their decision (see instructions under the Transport Tab below.)
- Students should tap the Menu icon on the top left corner of the screen, then tap on the Transport tab to indicate their transport decision
- Tabbed iPad Content:

**EMT 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, 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.

## FAMILY MEMBER

Tap here to replay the Family Member 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” then they will receive a message “Prepare to transport” and will progress to State 3.
  - If they select “No” then they will receive a message “Communicate your decision to dispatch.” They will then receive a message “Discuss your transport decision with your facilitator.” (The transport decision can be revised by tapping the Transport tab again.)
- 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 are automatically exited from the scenario. Students will receive a 10-minute warning.

## LEVEL

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Level 2 is displayed. In order to progress to State 3, students must indicate their transport decision using the Transport tab.

## SCANNER

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Use this to scan optional QR Codes.

## EXIT

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If the student taps the Exit tab 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.

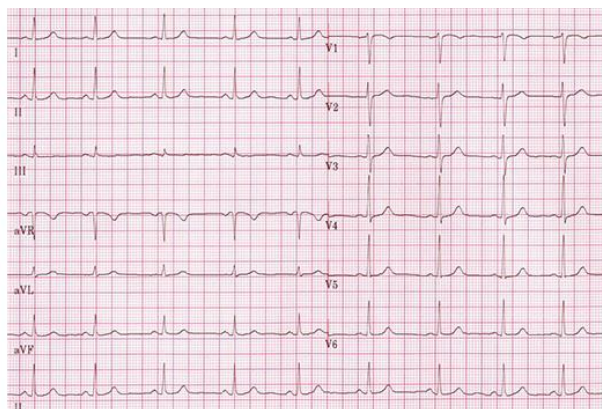
When ALL of the objectives of the program HAVE been met at the end of the scenario, and this tab is tapped, the iPad reads, “All scenario objectives have been completed. Would you like to exit the scenario?”

- 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 plaque entitled “History Taking” with the following questions:
  - 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 the plaque entitled “Secondary Assessment” with the following questions:
  - Verbalize how you would assess the affected body part(s)
- View the plaque entitled “Pulmonary Assessment: Anterior” with instructions to “tap on anatomical location(s) to listen to lung sounds.”
  - An image of the patient’s chest appears with “hot spots” located over each anatomical location of the chest. When each “hot spot” is tapped, lung sounds can be heard (with best audio using earbuds or headphones.)
- View the plaque entitled “Pulmonary Assessment: Posterior” with instructions to “tap anatomical location(s) to listen to lung sounds.”
  - Students can listen to posterior lung sounds by tapping on the “hot spots.”  
Facilitator note: Fine crackles can be heard in lower posterior lobes.
- View plaque entitled “Verbalize Interventions” and answer the associated questions:
  - Interpret Henry’s vital signs: Pulse: 122, RR: 35, BP: 144/58, O2 sat: 85%
- View plaque entitled “Diagnostics” with this ECG image:



- View plaque entitled “Treatment Plan” and answer the associated 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
  - Facilitator Note: The iPad advances to State 4 after both the protocol and vital signs tabs are viewed.

## VITAL SIGNS

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Vital signs are displayed here: Pulse: 122, RR: 35, BP: 144/58, O2 sat: 85%

## PROTOCOL

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See Protocol in Appendix B

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

## LEVEL

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Level 3 is displayed. In order to progress to State 4, students must view both the protocol and the vital signs tab.

## SCANNER

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QR Codes for medications on Protocol may be scanned at this time to view images of the labels of the medication.

## STATE 4

# REASSESSMENT

- View the “Family Member” video
- View the plaque entitled “Communicate with family member” and verbalize response to following question:
  - “Verbalize how you will communicate with the family member”
- View “Reassessment” patient video
- View plaque entitled “Repeat Vital Signs”
  - The following values are displayed: Pulse 0, Resp. Rate 0
- View plaque entitled “Verbalize your response per protocol” and verbalize your response to the following questions:
  - What will you assess?
  - What are your interventions per protocol?
- View protocol and verbalize the appropriate interventions according to patient status
- Tabbed iPad Content changes:
  - Facilitator Note: The iPad advances to State 5 after the protocol tab is viewed.

## LEVEL

Level 4 is displayed. In order to progress to State 5, students must view the protocol tab.

## 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.
- View a plaque entitled “Set Up Ventilator” with the following text: “Set up the transport ventilator with the following settings:
  - Mode: Volume Control
  - Rate: 14
  - Vt: 410
  - O2: 75%
  - PEEP: +5
    - Students can view the “Interfacility Transport Protocol” 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 red and sound an alarm indicating that alarms must be set. Tap the alarm button to adjust the alarms.

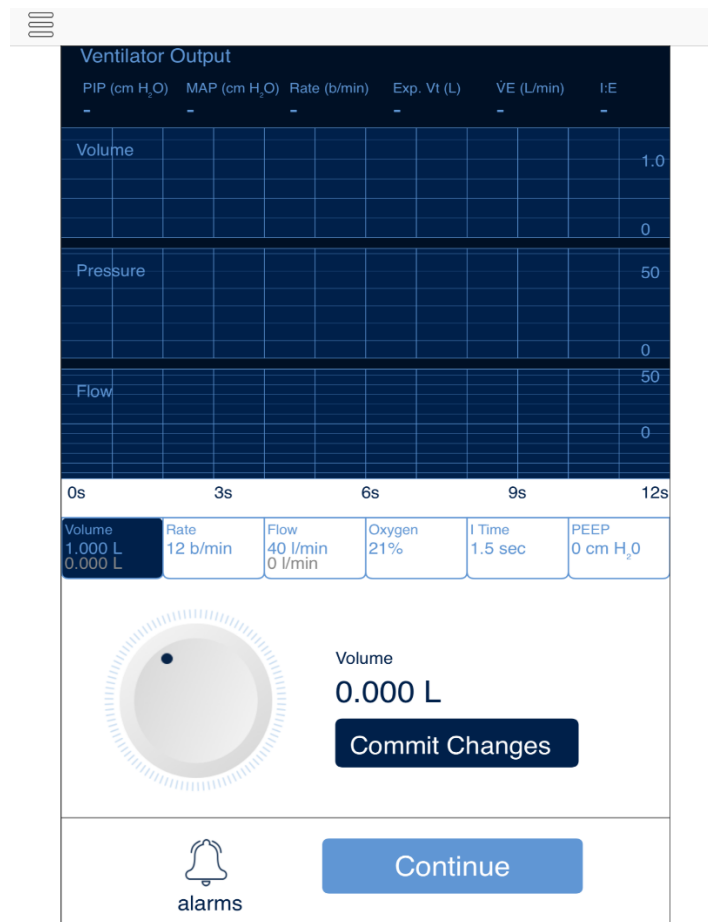
- Tap “HOME” to go back to the main ventilator screen.
- If at any point students leave the ARISE Virtual Ventilator, it is located in the tabbed iPad content.
- Scan **QR Code: Facilitator** when settings are input correctly.
  - View a message the reads, “Learning objectives have been met. You may 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**

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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 was your transport decision? Why?
  - g. What information did you gather during your Secondary Assessment, History Taking, and interpretation of vital signs and diagnostics?
  - h. What treatments did you initiate per protocol?
  - i. Did the patient's condition change after being loaded in the ambulance? How did you respond?
  - j. Discuss the mechanical ventilator settings, alarms, and troubleshooting at this time.
  - k. 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 62-year-old patient, in his home, with chronic heart failure experiencing shortness of breath. 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](https://ircvtc.co1.qualtrics.com/SE/?SID=SV_6Mwfv98ShBfRnBX)

## APPENDIX A: EMT ADVANCED LEVEL PSYCHOMOTOR EXAM



**National Registry of Emergency Medical Technicians  
Advanced Level Psychomotor Examination**

**PATIENT ASSESSMENT - MEDICAL**

Candidate: \_\_\_\_\_ Examiner: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Scenario: \_\_\_\_\_

	Possible Points	Points Awarded
<b>Actual Time Started:</b>		
Takes or verbalizes body substance isolation precautions	1	
<b>SCENE SIZE-UP</b>		
Determines the scene/situation is safe	1	
Determines the mechanism of injury/nature of illness	1	
Determines the number of patients	1	
Requests additional help if necessary	1	
Considers stabilization of spine	1	
<b>PRIMARY SURVEY</b>		
Verbalizes general impression of the patient	1	
Determines responsiveness/level of consciousness	1	
Determines chief complaint/apparent life-threats	1	
Assesses airway and breathing -Assessment (1 point) -Assures adequate ventilation (1 point) -Initiates appropriate oxygen therapy (1 point)	3	
Assesses circulation -Assesses/controls major bleeding (1 point) -Assesses skin [either skin color, temperature, or condition] (1 point) -Assesses pulse (1 point)	3	
Identifies priority patients/makes transport decision	1	
<b>HISTORY TAKING AND SECONDARY ASSESSMENT</b>		
History of present illness -Onset (1 point) -Severity (1 point) -Provocation (1 point) -Time (1 point) -Quality (1 point) -Clarifying questions of associated signs and symptoms as related to OPQRST (2 points) -Radiation (1 point)	8	
Past medical history -Allergies (1 point) -Past pertinent history (1 point) -Events leading to present illness (1 point) -Medications (1 point) -Last oral intake (1 point)	5	
Performs secondary assessment [assess affected body part/system or, if indicated, completes rapid assessment] -Cardiovascular -Neurological -Integumentary -Reproductive -Pulmonary -Musculoskeletal -GI/GU -Psychological/Social	5	
Vital signs -Pulse (1 point) -Respiratory rate and quality (1 point each) -Blood pressure (1 point) -AVPU (1 point)	5	
Diagnostics [must include application of ECG monitor for dyspnea and chest pain]	2	
States field impression of patient	1	
Verbalizes treatment plan for patient and calls for appropriate intervention(s)	1	
Transport decision re-evaluated	1	
<b>REASSESSMENT</b>		
Repeats primary survey	1	
Repeats vital signs	1	
Evaluates response to treatments	1	
Repeats secondary assessment regarding patient complaint or injuries	1	
<b>Actual Time Ended:</b> _____		
<b>CRITICAL CRITERIA</b>	<b>TOTAL</b>	<b>48</b>

- \_\_\_\_ Failure to initiate or call for transport of the patient within 15 minute time limit
  - \_\_\_\_ Failure to take or verbalize body substance isolation precautions
  - \_\_\_\_ Failure to determine scene safety before approaching patient
  - \_\_\_\_ Failure to voice and ultimately provide appropriate oxygen therapy
  - \_\_\_\_ Failure to assess/provide adequate ventilation
  - \_\_\_\_ Failure to find or appropriately manage problems associated with airway, breathing, hemorrhage or shock [hypoperfusion]
  - \_\_\_\_ Failure to differentiate patient's need for immediate transportation versus continued assessment and treatment at the scene
  - \_\_\_\_ Does other detailed history or physical examination before assessing and treating threats to airway, breathing, and circulation
  - \_\_\_\_ Failure to determine the patient's primary problem
  - \_\_\_\_ Orders a dangerous or inappropriate intervention
  - \_\_\_\_ Failure to provide for spinal protection when indicated
- You must factually document your rationale for checking any of the above critical items on the reverse side of this form.*

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## APPENDIX B: PULMONARY EDEMA AND SUSPECTED ACUTE CORONARY SYNDROME PROTOCOLS

**ARISE EMERGENCY MEDICAL PROTOCOLS****RESPIRATORY DISTRESS***(Pulmonary Edema)***Emergency Medical Responder**

- Initial Medical Care
- Position patient upright or in position of comfort
- Provide **O<sub>2</sub>** to maintain SPO<sub>2</sub> at >94%

**Emergency Medical Technician**

- Apply **CPAP** if indicated
- Cardiac monitor
- Acquire 12 lead ECG and transmit to receiving facility
- Monitor End-Tidal CO<sub>2</sub> via nasal cannula for severely ill patients
- Call for paramedic intercept if prolonged transport.

**Advanced EMT**

- IV **NS** at TKO / Saline Lock
- **Nitroglycerin**: 0.4 mg SL
  - May repeat as needed (Maintain systolic BP > 100)

**Intermediate**

- **Fentanyl**: 1 mcg/kg IV

**Per MCPO:**

- **Furosemide (Lasix):** 40-60 mg IV
  - Advise MCP of patient's home dose when calling for possible EMS dose increase

**Paramedic**

- **Nitroglycerin Infusion:** 10 mcg/ minute
  - Increase to **20 mcg / minute** in 5 minutes if no improvement
  - Maintain systolic BP >100

## ARISE EMERGENCY MEDICAL PROTOCOLS

## SUSPECTED ACUTE CORONARY SYNDROME

*(Chest Pain)*

## Emergency Medical Responder

- Initial Cardiac Care
- Be calm and reassuring
- Treat for shock as needed
- Place in position of comfort

## Emergency Medical Technician

- Acquire 12 lead ECG and transmit to the receiving facility
  - If a **STEMI (S-T Elevation MI)** is suspected on ECG proceed with the Rapid STEMI Protocol
- **Aspirin: 324 mg** PO (unless already taken or contraindicated)

**Per MCPO:**

- Due to possible **Inferior MI** (lead changes in II, III, and aVF), consult with Medical Control prior to beginning Nitroglycerin therapy
  - **Nitroglycerin: 0.4 mg** SL (Assist patient with his/her own medication)
    - May repeat (x2) every 3-5 minutes
    - Maintain BP >100 Systolic

**Rapid STEMI protocol:**

- Call for Paramedic Intercept
- Patient should preferentially be transported to a primary PCI hospital.
- Contact medical control at the receiving hospital as soon as reasonably possible to verify the patient qualifies for Rapid STEMI Protocol. This will allow time for coordination of Cath Lab services or to coordinate transport to a PCI hospital

- Contact Hospital Registration to pre-register the patient as appropriate. When you arrive in the ED, stop for an assessment by the Emergency Physician. Proceed to either Cath Lab or an E.D. room as directed by the physician and E.D. staff.

<p><b><u>Aspirin contraindications:</u></b></p> <ul style="list-style-type: none"> <li>- Systolic BP &lt; 100</li> <li>Active GI bleeding</li> </ul>	<p><b><u>Nitroglycerin contraindications:</u></b> Known allergy</p> <ul style="list-style-type: none"> <li>- Use of Phosphodiesterase type 5 (PDE5) inhibitors in last 24 hours: <a href="#">Sildenafil</a> (Viagra), <a href="#">Vardenafil</a> (Levitra), <a href="#">Tadalafil</a> (Cialis)</li> </ul>
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## Advanced EMT

### Per MCPO:

- Due to possible **Inferior MI** (lead changes in II, III, and aVF), consult with Medical Control prior to beginning Nitroglycerin therapy
  - **Nitroglycerin: 0.4 mg SL**
    - May repeat (x2) every 3-5 minutes
    - Maintain BP >100 Systolic

### Rapid STEMI protocol:

- Draw blood as appropriate (With prior state EMS office approval)
- IV Access: minimum 1 peripheral IV

Preferred: (2) peripheral IV (or) twin port saline lock if available, minimum 18g or larger

## Intermediate

- Draw blood as appropriate
- **Nitroglycerin 0.4 mg SL**
  - May repeat (x2) every 3-5 minutes
  - Maintain BP >100 Systolic
- **Fentanyl: 1 mcg/kg IV** for persistent pain not relieved by Nitro
  - May repeat every 5 minutes as needed

- Maintain BP >100 Systolic

## Paramedic

- **Nitroglycerin Infusion: 10 mcg/ minute** may be instituted at for persistent pain
  - Titrate upwards **10 mcg** every 5 minutes until pain free
  - Maintain BP >100 Systolic

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

## APPENDIX C: INTERFACILITY TRANSPORT

**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

Chippewa Valley Regional Emergency Medical Services Protocols (2016). Pulmonary Edema and Chest Pain.

Lung sounds from ThinkLabs at <http://www.thinklabs.com/lung-sounds>

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