General Protocol for MICU Transports

Complete prior to transport:

1. Obtain a detailed history of patient=s present illness prior to initial contact.

2. If available, obtain the most recent 12-lead ECG, ABG, labs and vital signs.

3. Obtain any orders from the sending facility along with any signed appropriate or expected orders (i.e., medications/drip rates; mechanical ventilator settings).

4. Proceed with initial patient contact and perform a physical examination which includes:
    1. LOC
    2. Breathing rate, rhythm, compliance and/or ventilator settings.
    3. Complete vital signs
    4. Cardiac monitoring
    5. Oxygen saturation
    6. IV site status; medication infusions labeled for accuracy; pump settings

5. Initiate MICU equipment interchanges and observe patient for adverse changes.

6. Ventilator patient will be monitored for continuous CO_2 exchange.
    1. Maintain FI 02 per sending facility orders.
    2. Refer to specific ventilator protocol for additional information.

Complete during transport:

1. Patient assessment and vital signs will be performed at 15-30 minute intervals, dependent on patient status. Any abnormality will be addressed immediately per established ALS protocols or by direct contact with medical control.

2. Equipment failure:

    - Ventilators: address all warning tones per manufacturer recommendations. If unable to resolve, and patient shows signs of distress, ventilate patient via BVM with 100% 02.
    - IV pumps: address alarms by checking IV site following up to the pump. Follow the manufacturer=s recommendations.

3. Transfer patient care to the receiving facility. Give a verbal report along with the completed MICU EPCR , any applicable paperwork and films from sending facility.