



**Interfacility Algorithm**

	<b>Non-Medical Transport</b>	<b>BLS</b>	<b>ALS</b>	<b>Extended Scope</b>	<b>CC with 1 CC provider</b>	<b>CC with 2 CC providers</b>
<b>Airway</b>			All BLS plus:			
	Oxygen without monitoring	Nasal Cannula  Nonrebreather/Oxymask CO monitor  CPAP  Trach- not able to Suction	Nasal ETCO2  Chest tube W/O continuous suction  Trach with ability to suction	Ventilator going to LTAC on AC mode  RSI  High Flow Humidified Oxygen	BiPap with 0-1 CC medications  Chest tube with continuous suction & 0-1 CC Medications  High Flow Humidified Oxygen with 0-1 CC Medication (Pediatric patient's on HFHO must have NO CC medications running)	High suspicion for airway compromise and potential RSI  Chest tube with continuous suction and >1 CC medication  Acutely Ventilated patient  BiPap with >1 CC Medication  Pediatrics on ventilator ( <b>must be at least 100cm in length</b> )
<b>Cardiovascular</b>						
		No Cardiac monitor	Cardiac Monitor  ECG obtainment  Defib/Cardioversion  Blood product monitoring, no initiation of blood products.  Transcutaneous pacing monitoring/maintenance W/O other CC requirements		Invasive pressure monitoring/management W/O other CC requirements  Blood product initiation W/O other CC requirements  Transcutaneous pacing monitoring/maintenance with other single CC requirements  IABP with sending facility staff	Invasive pressure monitoring/management with other CC requirements  Blood product initiation with other CC requirements  Transcutaneous pacing monitoring/maintenance with other dual CC requirements  IABP WITHOUT sending facility staff
<b>Medication Routes</b>						
		PO, SL, SQ, IM,  Aerosol/nebulized meds  Capped IV  Non-medicated IV fluids (AMET)	IO, IV  Not > 2 IV medicated drips (does not include maintenance drips)  Port/Central Line/PICC lines-for continued medications not >2, or meeting CC med list. (not able to use access or use line)	Port/Central Line/PICC, EJ access and line use	>2 medicated drips not on a vent or BiPap  Medication infusing via PCA pump	>2 medicated drips on a vent or BiPap
<b>MISC</b>						
	Psych patients- voluntary and going to behavioral health unit				May request CC team as deemed necessary by sending facility	Any Pediatric patient that meets CC criteria OTHER THAN HFO  ECMO transfers

	Discharges to home, CBRF, nursing home or assisted living				ICU to ICU transfer (Situational dependent, on duty CC crew should contact sending hospital to determine appropriate course of action, to be approved by on duty Sup. or the Ops. Manager)	
<b>Medications</b>						
		None	Nitro without additional CC medications  Heparin  Insulin  tPA (already infusing for 10 min)  Other medications NOT needing titration - Fentanyl PCA (**must complete the controlled substances infusion hand-off document**)	One of the following medication infusion (not >2 medicated drips):  Nicardipine/Cardene  Norepinephrine/Levophed  Clevidipine/Cleviprex  Esmolol/Brevibloc  Osmitol/Mannitol  Dopamine/Intropin	*1 of the following CC medication drips*  >2 medicated drips	*2 or more of the following CC medication drips*

**Key:**

**CC- Critical Care**

**Maintenance drips- Normal Saline, Lactated Ringers, D10%, D5%**

**Critical Care Medication: \*\*\*Including other medications needing titration\*\*\***

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|------------------------|------------------------------|
| Cisatracurium/Nimbex   | Propofol/Diprivan            |
| Dobutamine/Dobutrex    | Precedex/Dexmedetomidine     |
| Epinephrine/Adrenaline | Phenylephrine/neo-synephrine |
| Isoproterenol/Isuprel  | Midazolam/Versed             |
| Methylene Blue         | Nitroprusside/Nipride        |
| Milrinone/Primacor     | Ketamine/Ketalar             |