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| Purpose: Provincial Inter-Facility ECLS Transport Workflow | | | | |
| SITUATION: Confirmation of ECLS patient details for transfer | | | | |
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| STEP | **REQUIRED PERSONNEL** | TASK DESCRIPTION | REQUIRMENTS |  |
| **1.** | MRP  PCC | Confirm:   * Age * Weight * Relevant comorbidities | Ensure informed consent obtained from TSDM for inter-facility transfer, involve SW early. |
| **2.** | MRP | Diagnosis: |  |  |
| **3.** | MRP | Isolation requirements:   * None * Contact * Droplet * Airborne |  |  |
| **4.** | MRP  Perfusion | Confirm:   * Primary ECMO Transport * Secondary ECMO Transport | Ensure requisite equipment for Primary vs Secondary transport available, e.g. blood products, Echo, etc. |  |

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| Purpose: Provincial Inter-Facility ECLS Transport Workflow | | | | |
| MISSION: Articulation of inter-facility transport options and plan(s). | | | | |
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| STEP | **REQUIRED PERSONNEL** | TASK DESCRIPTION | REQUIRMENTS |  |
| **1.** | MRP  PCC  Perfusionist | Referring centre:  Accepting centre: | Teleconference between referring and accepting physicians, PCC, and perfusionists, respectively. |
| **2.** | Perfusionist  CCP  EPOS | Transport mode:   * *General Considerations:* minimizing patient transfers between ambulances/aircraft is optimal, and should be considered when selecting mode(s) of transport. * Ground Ambulance: confirm appropriate stretcher mount. * Air Ambulance: for distances > 150 km consider rotory-wring (helicopter) air ambulance. * Air Ambulance: for distances > 300 km (150 nautical miles) consider fixed-wing air ambulance. * Other: | Ensure total weight [patient + ECLS equipment] do not exceed stretcher capacity (see Appendix 1). |  |

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| Purpose: Provincial Inter-Facility ECLS Transport Workflow | | | | |
| EQUIPMENT: Confirmation of ECLS equipment, adjuncts, and transport equipement required. | | | | |
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| STEP | **REQUIRED PERSONNEL** | TASK DESCRIPTION | REQUIRMENTS |  |
| **1.** | Perfusionist  Paramedic | ECLS: specify type   * e.g. ECMO, VAD, IABP, other:   ECMO: specify   * Mode: * Configuration: * Machine type:   Adjuncts: specify additional equipment   * Heater * ECLS adjunct: * Other: | Ensure total weight [patient + ECLS equipment] do not exceed stretcher capacity (see Appendix 1).  Confirm power draw and power sourcing compatible with transport mode(s) (see Appendix 1). |
| **2.** | Perfusionist  Paramedic | Transport: specify transport equipment needs:   * + Stretcher   + Tray(s)   + Power source(s)   + Heat source(s)   + ECMO – transport equipment | As above |  |
| **3.** | RN  Paramedic | Transport: specify transport equipment needs:   * + Pumps   + Monitor/defibrillator   + Blood products   + Medication – maintenance   + Medication – emergency/rescue   + Other: | As above |  |
| **4.** | RT  Paramedic | Transport: specify transport equipment needs:   * Ventilator * Oxygen/Air supply * iNO * Other | As above |  |
| Purpose: Provincial Inter-Facility ECLS Transport Workflow | | | | |
| ADMINISTRATION: Confirmation stakeholder notification | | | | |
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| STEP | **REQUIRED PERSONNEL** | TASK DESCRIPTION | REQUIRMENTS |  |
| **1.** | MRP | Family/TSDM   * Informed consent obtained   Patient   * Code Status   Transport Team   * Confirm MD who will provide on-line medical support for ECLS teaming during transport | Involve SW to help family get to destintation centre safely. |
| **2.** | PCC | Transport Team   * RN and RT assignment if needed for transport (if Critical Care Paramedic team not available) * Return plan for RN/RT/Perfusionist and medical equipment confirmed |  |  |
| **3.** | Perfusionist | Transport Team   * ECLS tube length adequate for transport * Confirm power sourcing (See Appendix 1) * Need for heater (or heat source) * Oxygen/Air supply * Emergency equipment (e.g. circuit breach, air embolism, cannulae migration, etc.) * Plan in place for circuit swap/change at destination centre | Guide all patient movements/transfers between beds and transport vehicle(s).  Confirm with accepting centre perfusionist the plan for transfer of circuit/equipment. |  |
| **4.** | RN | Transport Team   * Infusions - baseline * Infusions - emergency * Medications - PRN * Medications - emergency | Minimize infusions when possible to simplify during transport.  Prepare IV infusion bags (not spiked) for transport team. |  |
| **5.** | RT | Transport Team   * Ventilator * Adjuncts e.g. iNO |  |  |
| **6a.** | Paramedic  *Primary Care* | Transport Team   * Liaise with RN/RT/Perfusionist to facilitate patient transfer * Clinical Care and/or delegation of care (within scope of practice) is responsibility of transport RN/RT/Perfusionist | Roles and Responsibilities: RN/RT/Perfusionist guide clinical care during transport. |  |
| **6b.** | Paramedic  *Critical Care* | Transport Team   * Liaise with RN/RT/Perfusionist to facilitate patient transfer * Liaise with MRP/RN/RT for clinical care hand over and discuss clinical goals/thresholds | Roles and Responsibilities:  CCP and Perfusionist guide clinical care during transport. |  |
| **7.** | Unit Clerk | * Chart copied * Relevant diagnostics/imaging pushed to grid * Consent(s) |  |  |
| **8.** | PTN | * Relevant diagnostics/imaging pushed to grid * Transport vehicle(s) confirmed with BCEHS * Pick-up time confirmed * Repatriation of transport personnel and equipment confirmed (if applicable) |  |  |
| **9.** | SW | * Family has plan to get to final destination safely |  |  |

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| Purpose: Provincial Inter-Facility ECLS Transport Workflow | | | | |
| COMMUNICATION: Articulation of stakeholder notification | | | | |
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| STEP | **REQUIRED PERSONNEL** | TASK DESCRIPTION | REQUIRMENTS |  |
| **1.** | MRP | Family/TSDM   * Updated re: destination and transport time frame   Transport Team   * Confirm MD who will provide on-line medical support for ECLS teaming during transport   Clinical Care   * Sedation goals * Hemodynamic goals * ECMO parameters * Anticoagulation * Blood products and thresholds for transfusion * Resuscitation procedure(s) and roles | MRP to lead team huddle (CRM) prior to transport to discuss roles and clinical care during transport.  MD indentified who will provide on-line support during transport (if no MD on transport). |
| **2.** | PCC | Transport Team   * RN and RT assignment if needed for transport (if Critical Care Paramedic team not available) * Return plan for RN/RT/Perfusionist confirmed |  |
| **3.** | Perfusionist | Transport Team   * Emergency Action Plan(s) (e.g. circuit breach, air embolism, cannulae migration, etc.) * Plan in place for circuit swap/change at destination centre | Guide all patient movements/transfers between beds and transport vehicle(s).  Confirm with accepting centre perfusionist the plan for transfer of circuit/equipment. |
| **4.** | RN | Transport Team   * Sedation goal * Hemodynamic goal(s) * Clinical goals/thresholds (e.g. anticoagulation, Hgb, temperature, etc.) |  |
| **5.** | RT | Transport Team   * Ventilator Settings (baseline) * Ventilator Settings (emergency) |  |
| **6a.** | Paramedic  Primary Care | Transport Team   * Liaise with RN/RT/Perfusionist to facilitate patient transfer * Clinical Care and/or delegation of care (within scope of practice) is responsibility of transport RN/RT/Perfusionist | Roles and Responsibilities: RN/RT/Perfusionist guide clinical care during transport. |
| **6b.** | Paramedic  Critical Care | Transport Team   * Liaise with RN/RT/Perfusionist to facilitate patient transfer * Liaise with MRP/RN/RT for clinical care hand over and discuss clinical goals/thresholds | Roles and Responsibilities:  CCP and Perfusionist guide clinical care during transport. |
| **7.** | Unit Clerk | * Chart copied * Relevant diagnostics/imaging pushed to grid |  |
| **8.** | PTN | * Pick-up time confirmed * Repatriation of transport personnel and equipment confirmed (if applicable) |  |
| **9.** | SW | * Family up to date on transfer plan and time frame |  |