

Site Applicability

The transfer of a patient to a higher level of care outside of BCWH could occur in either the Maternal Newborn Program or the Reproductive Gynecology Program.

Policy Statement(s)

The transfer of a critically ill woman from BC Women's Hospital to another facility requires a coordinated effort between the transferring physician, the receiving physician, the nurses, BC Patient Transfer Network and the Ambulance Dispatch Service. BC Women's Hospital does not have an adult ICU, therefore will at times require patients be transported to a higher level of care.

- The primary receiving hospitals for a BCWH patient requiring a higher level of care are St. Paul's Hospital and Vancouver General Hospital.

Procedure

Transfer Reasons

The transfer of an adult patient requiring a higher level of care may be required for the following reasons including:

- Decreased level of consciousness
- Mechanical ventilation with no plan to extubate at BCW
- Post Code Blue
- Requiring Inotropes/ Vasopressors
- Requiring intensive care
- Patient requiring urgent specialty consult not available at BCWH (i.e. Neurology, Interventional Radiology)

STEPS	RATIONALE
<p>1. Decision for transfer from BCWH</p> <p>Physicians</p> <ul style="list-style-type: none"> • BCWH Most Responsible Provider (MRP) and Anesthetist make the decision to transfer out of BCWH <p>Primary RN</p> <ul style="list-style-type: none"> • Initiate the "Transfer Report Form" to guide conversation with BCPTN and report for receiving hospital 	<p><u>Acronyms:</u></p> <ul style="list-style-type: none"> - BCAS: BC Ambulance Services - BCPTN: BC patient Transfer Network - BLS: Basic Life Support - CCP: Critical Care Paramedics - PTC: Patient Transfer Coordinator
<p>2. Call to BCPTN</p> <ul style="list-style-type: none"> • Attending Nurse or Delegate informs Clinical Nurse Leader (CNL) of possibility of transfer • MRP initiates call to BCPTN (604) 215-5911 or toll free 1-866-233-2337 <ul style="list-style-type: none"> - Press "1" for emergency transfer "Life, Limb, Threatened Organ" or - Press "2" for other "Higher Level of Care" • Provides the BCPTN Patient Transfer Coordinator (PTC) patient demographics information: (i.e. name, patient health number (PHN), date of birth (DOB), location of patient, sending physician name, diagnosis, ventilation status) 	
<p>3. Conference Call</p> <p>BCPTN</p> <ul style="list-style-type: none"> • Facilitates a conference call between BCPTN, BCWH MRP, BCWH CNL, Receiving hospital MRP, and BC Ambulance <p>Attending RN or delegate</p> <ul style="list-style-type: none"> • Asks BCWH MRP to come to call on separate phone when all participants on phone. 	

<p>4. Transfer plan to receiving hospital</p> <p>BC Ambulance</p> <ul style="list-style-type: none"> Type of paramedic team will be determined by level of care required by patient or dyad. BCEHS will plan to dispatch one of the following teams to BCWH: <ol style="list-style-type: none"> Critical Care Paramedics (CCP) Infant Transport Team (ITT) Basic Life Support (BLS) <p>BCWH Anesthesia, MRP, CNL</p> <ul style="list-style-type: none"> If only BLS ambulance is available and patient escort is urgently required, Anesthesia, the MRP and CNL must coordinate patient transport preparations: <ul style="list-style-type: none"> Decisions on which BCWH personnel need to go in the ambulance to support patient based on requirements of patient and scope of practice of personnel Transport equipment (Required transport equipment for transfer in BLS ambulance is included on BCWH Patient Transport Checklist- see Appendix C) CNL to get taxi vouchers for BCWH team for return to BCWH with equipment 	<p>BC Ambulance has limited critical care transport teams that are dispatched throughout the Province and may not be available when required</p>
<p>5. Alert to receiving hospital</p> <p>Attending Nurse</p> <ul style="list-style-type: none"> Calls Charge Nurse at receiving hospital to provide patient summary <p>BCPTN PTC</p> <ul style="list-style-type: none"> Calls bed booking to inform bed booking at receiving hospital of patient transport and provides patient demographics 	
<p>6. Report</p> <p>Unit Clerk</p> <ul style="list-style-type: none"> Photocopies BCWH chart for receiving hospital, including the transfer summary from the BCWH MRP <p>Attending (Sending) Nurse</p> <ul style="list-style-type: none"> Completes the "BCWH Transfer Report Form" Faxes the completed "BCWH Transfer Report Form" to receiving location Follows-up with a phone call to clarify any questions Ensures that BCWH photocopy of chart goes with patient to receiving hospital Includes BCWH transfer report in patient chart Writes or delegates writing of PSLs in order to audit transfer process for process improvements. <p>BCWH MRP</p> <ul style="list-style-type: none"> If receiving physician is from ICU, then primary specialty needs to be contacted as well (eg. Gyne or OB) Ensures a TAKE 5 is done with team to debrief 	

Telephone Contacts

- BCPTN: 604-215-5911 or 1-866-233-2337
- St. Paul's Hospital ICU (604) 682-2344 (62264)
- St. Paul's ICU Charge Nurse 604-813-0672
- For gyne transfers to SPH, notify OB/GYN on call through SPH switchboard 604-682-2344
- For VGH gyne transfers, notify gyne DOD or ICU admitting desk through VGH switchboard at 604-875-4111

References

Society of Obstetricians and Gynaecologists of Canada. (2005,October). SOGC Policy Statement No. 165, Maternal Transport Policy. October JOGC 2005. http://www.sogc.org/guidelines/index_e.asp#obstetrics

Gynecology Surgical Services: Escalation of Care and Internal/ External Transfer (DRAFT POLICY for upload to epops tbd)

BCWH Obstetrical Flow Management: COVID+ or PUI Pregnant Patient. C-06-01-60605. On ePOPS.

Appendix

- Appendix A: Escalation of Care, Obstetrics Algorithm
- Appendix B: Obstetric Transfer to a Higher Level of Care Report Form
- Appendix C: BCWH Patient Transport Checklist: For BASIC LIFE SUPPORT AMBULANCE TRANSPORTS
- Appendix D: COVID + or PUI Requiring a Higher Level of Care, including HAU or Transfer outside of BCWH

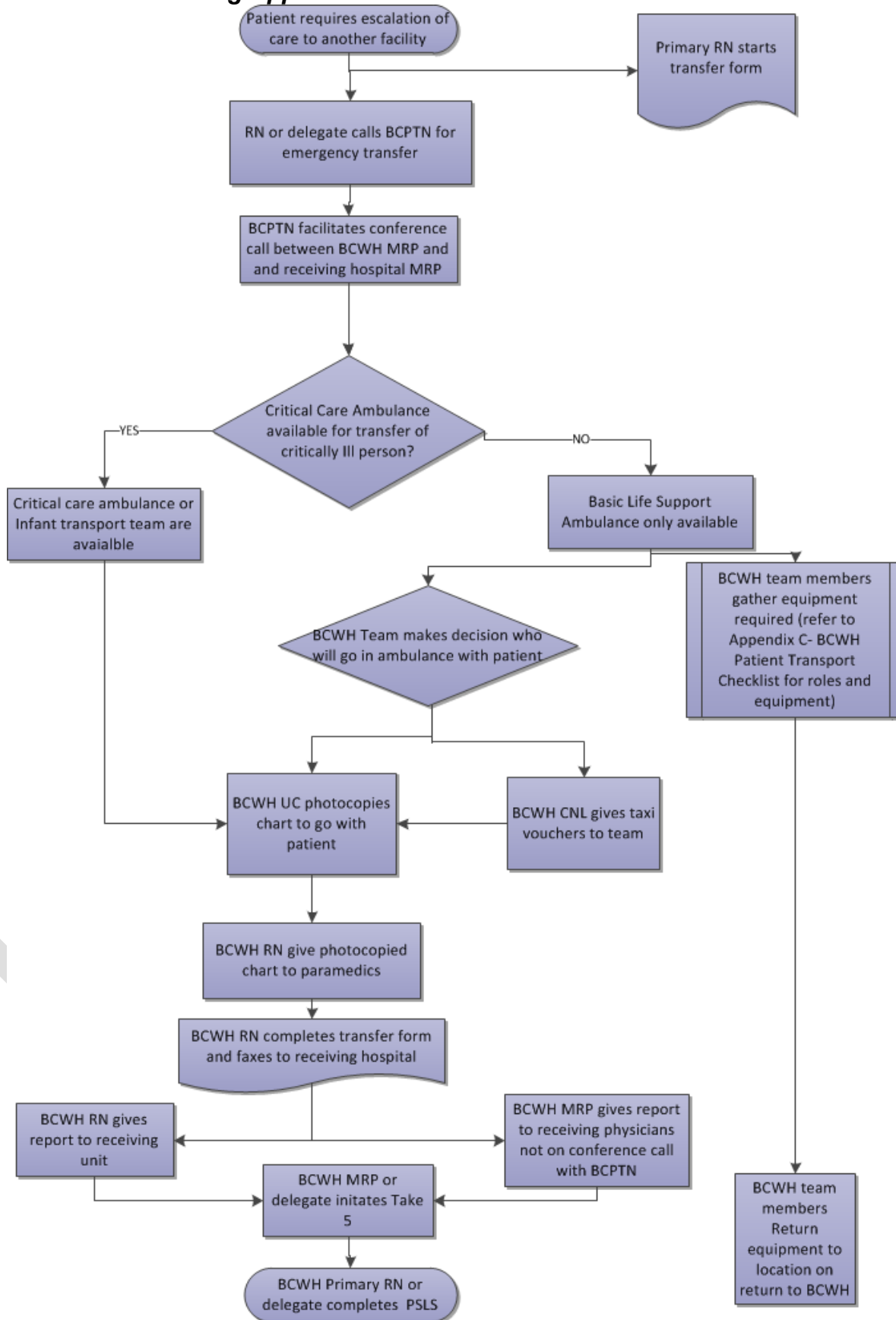
Version History

DATE	DOCUMENT NUMBER and TITLE	ACTION TAKEN
20-Apr-2020	C-06-12-60624 Escalation Of Care: Emergency Transfers Out Of BCWH	Developed by CW COVID Response Working Group; Approved by Professional Practice Director

Disclaimer

This document is intended for use within BC Children's and BC Women's Hospitals only. Any other use or reliance is at your sole risk. The content does not constitute and is not in substitution of professional medical advice. Provincial Health Services Authority (PHSA) assumes no liability arising from use or reliance on this document. This document is protected by copyright and may only be reprinted in whole or in part with the prior written approval of PHSA.

Appendix A: When Including Appendix Materials



Appendix B: Transfer Form out of BCWH (DRAFT)

BC Women's Hospital
 Obstetric Transfer to a Higher Level of Care

Patient Label

TRANSFER REPORT FORM

S	Situation – What is the situation you are calling about?		Patient Name/ PHN/ DOB (see label)				
	Confirm with BCPTN – Life limb, threatened organ Caller name: _____ <input type="checkbox"/> MD <input type="checkbox"/> RN Sending Doctor : _____ Service required: <input type="checkbox"/> SPH ICU <input type="checkbox"/> SPH PACU <input type="checkbox"/> VGH ICU <input type="checkbox"/> VGH PACU <input type="checkbox"/> Other		<input type="checkbox"/> New case <input type="checkbox"/> Existing case Sending location: BCW Hospital				
B	Background – Pertinent information could include the following:						
	<input type="checkbox"/> Gynecology patient: surgical procedure: _____ <input type="checkbox"/> Obstetric patient: G__T__P__A__L__ GA____ <input type="checkbox"/> Antepartum <input type="checkbox"/> Postpartum: <input type="checkbox"/> vaginal birth <input type="checkbox"/> c-section <input type="checkbox"/> other date/ time of delivery: _____ Plan for baby: <input type="checkbox"/> transfer with mom <input type="checkbox"/> remain at BCWH <input type="checkbox"/> feeding plan: _____ Anesthetic (GA, SED): _____ Diagnosis: _____ History: _____						
A	Assessment – What is your physical assessment of the situation?						
	Neuro	<input type="checkbox"/> Alert and Oriented <input type="checkbox"/> Confused <input type="checkbox"/> Other:					
	Cardiac	<input type="checkbox"/> Normal sinus rhythm <input type="checkbox"/> Other					
	Respiratory:	<input type="checkbox"/> Non ventilated <input type="checkbox"/> Mask vented <input type="checkbox"/> Ventilated: ET tube size: _____ <input type="checkbox"/> O2 amount: _____ <input type="checkbox"/> Chest tube Chest sounds: _____ Date and time extubated: _____					
	GI:	<input type="checkbox"/> abdomen distended <input type="checkbox"/> bowel sounds <input type="checkbox"/> other					
	Renal:	<input type="checkbox"/> Catheter					
	Skin:	<input type="checkbox"/> Intact <input type="checkbox"/> Wounds/dressings:					
	IV access:		<input type="checkbox"/> ART	<input type="checkbox"/> CVC	<input type="checkbox"/> PICC	<input type="checkbox"/> IV	<input type="checkbox"/> IV
		Solution/ meds					
	Location						
	Current VS:	T_____	P_____	R_____	BP_____	SaO2:_____	Pain scale_____
	Gynecology/OB:	<input type="checkbox"/> Bleeding <input type="checkbox"/> EBL <input type="checkbox"/> Other					
	Escorts	<input type="checkbox"/> Family <input type="checkbox"/> Medical <input type="checkbox"/> Other					
	Infectious risk?	<input type="checkbox"/> VRE <input type="checkbox"/> MRSA <input type="checkbox"/> COVID + or PUI					
Allergies	<input type="checkbox"/> No <input type="checkbox"/> Yes: _____						
Other	_____						
R	Recommendation - What do I recommend / request to be done?						
	Patient requires escalation of care to: <input type="checkbox"/> ICU <input type="checkbox"/> extended PAR <input type="checkbox"/> combined maternal/ fetal unit <input type="checkbox"/> neurosurgery						

Reporting BCWH Nurse: _____ date: _____ phone number: _____

This is a legal chart form. Keep in chart. Privileged and Confidential
 (fax front side only to receiving unit)

**BC Women's Hospital
 Obstetric Transfer to a Higher Level of Care**

Fax/phone numbers:

- BC Patient Transfer Network: 604-215-5911 or 1-866-233-2337
- SPH Nursing ICU Fax 604-806-8662
- SPH ICU unit phone number: 604-682-2344 (6224)
- SPH ICU unit Charge Nurse: 604-813-0672
- VGH switchboard: 604-875-4111

BCWH Audit (filled out by Nursing)

Decision to transfer	Time:	Notes:
Call made to BCPTN	Time:	
End of call to BCPTN	Time:	
Ambulance planned for	<input type="checkbox"/> Critical Care Paramedics (CCP)/ ITT <input type="checkbox"/> Basic Life Support (BLS)	
Ambulance that actually came	<input type="checkbox"/> Critical Care Paramedics (CCP/ITT) <input type="checkbox"/> Basic Life Support (BLS)	
Arrival time of ambulance	Time:	
Departure time of ambulance	Time:	
Take 5 completed	Time:	

This is a legal chart form. Keep in chart. Privileged and Confidential

(fax front side only to receiving unit)

Appendix C: BCWH Patient Transport Checklist

BCWH Patient Transport Checklist: For BASIC LIFE SUPPORT AMBULANCE TRANSPORTS (When Critical Care and Infant Transport Teams are unavailable.)

The medical personnel accompanying the patient will be assigned based on patient's level of acuity and respiratory status. Accompanying medical personnel will work within their scope of practice while transporting patient.

Tasks by role (see below for task descriptions):

AA:

1. Get intubation box
2. Get ventilator and related equipment
3. Get infusion pumps
4. Confirm ambulance equipment when paramedics arrive

RN:

- From LDR Emergency Equipment Room (T2-645), get:
 1. Intubation drug kit
 2. Code Blue Medication Kit in Code Blue Backpack
- Inform ACLS RN (pager 41-01040) that emergency drug kit and intubation drug kit has been taken for transport and needs to be replenished by pharmacy.

Anesthesiologist:

- Ensure adequate infusions for sedation cardiovascular support prepared for transfer

Task Descriptions:

▪ **Intubation Box (AA)**

- Located in:
 - Teck ACC PACU
 - Surgical Daycare OR Suites PACU
- Contains equipment for intubation (see separate list for entire contents) and transport checklist, but not drugs
- Tape to secure ETT



▪ **Ventilator (AA)**

- Call PICU RT (Vocera: "PICU Charge RT") and ask them to bring:
 1. Hamilton T1 Transfer Ventilator
 - (located in PICU RT Storage Room T4-514)
 2. Airway circuit for adult (coaxial Hamilton) with ETCO₂ monitoring attachments
 3. Full O₂ cylinder



▪ **Adult Intubation Drug Kit (RN)**

- Located in "Intubation Adult Bag" kept in all code fridges
 - LDR Emergency Equipment Room (T2-645)
 - Surgical Day Care OR Suites in Sterile Core nook (near fluid warmer)
 - Remember to update the Omnicell to trigger medication to be replaced by pharmacy
- Contains:
 - 4 Lidocaine 2% 20 mg/mL – 5 mL
 - 1 Magnesium Sulfate 50% – 10 mL

- 2 Midazolam 1 mg/mL – 2 mL
- 2 Propofol 10 mg/mL – 20 mL
- 1 Rocuronium 10 mg/mL – 5 mL
- 2 Succinylcholine 20 mg/mL – 10 mL
- Adult Carbon Dioxide Detector >15 kg size



- (Ketamine 10 mg/mL – 20 mL is obtained from Omnicell)

■ Code Blue Medication Kit (RN)

- Kit located in red Code Blue backpack on shelf in in LDR Emergency Equipment Room (T2-645)
 - Contains:

- 3 Adenosine 3 mg/mL – 2 mL
- 3 Amiodarone 50 mg/mL – 3 mL
- 5 ASA 80 mg chewable tablet
- 1 Atropine 0.1 mg/mL PFS – 10 mL
- 5 Atropine 0.6 mg/mL – 1 mL
- 1 Calcium Chloride 10% PFS – 10 mL
- 1 Dextrose 50% PFS – 50 mL
- 1 Ephedrine 50 mg/mL – 1 mL
- 2 Epinephrine 0.1 mg/mL PFS – 10 mL
- 1 Epinephrine 1 mg/mL – 1 mL
- 1 Lidocaine 2% 20 mg/mL PFS – 5 mL
- 4 Naloxone 0.4 mg/mL – 1 mL
- 1 Nitroglycerin 0.4 mg spray
- 1 Sodium Bicarbonate 8.4% PFS – 50 mL
- 1 Calculator
- 1 Pen



■ Transport Monitor (RN): GE Carescape B450 (on wheels)

- Located in LDR Emergency Equipment Room (T2-645)
- Has ETCO₂ monitoring capacity in case only BLS ambulance available



■ Emergency Hemodynamic Drugs (Anesthesiologist)

□ Bolus drugs

- Located in Teck ACC and Surgical Daycare ORs on top of our anesthetic carts in trays made up daily by AA's
- Includes:
 - Phenylephrine: 5mL syringe of 100mcg/mL
 - Ephedrine: 10mL syringe of 5mcg/mL
 - Atropine: 3mL syringe with 1mL of 0.6mg/mL

□ Infusion drugs

- Norepinephrine:
 - Comes in 4mg/4mL vial
 - Mix: 1 vial (4mg) per 250mL NS = 16mcg/mL
 - To select this as a preset drug on Alaris pump, you must disable Anesthesia mode
 - Infusion rate: 1-20mcg/min
 - 1mcg/min = 4mL/h
- Epinephrine:
 - Comes in 1mg/mL ampule
 - Mix: 2 ampules (2mg) per 250mL NS = 8mcg/mL

- To select this as a preset drug on Alaris pump, you must disable Anesthesia mode
 - Infusion rate: 1-20mcg/min
 - 1mcg/min = 7.5mL/h
 - Vasopressin:
 - Comes in 20U/mL vial
 - Mix: 1 vial (20U) per 250mL NS = 0.08 U/mL
 - Not available as preset drug on Alaris pumps therefore set as basic infusion at 7-28mL/h (0.01-0.04 U/min)
 - See Hemodynamic Dosing Chart for other infusion drugs
 - Uterotonics if required
- **Infusion pumps (AA)**
- Alaris/Syringe pumps
 - Located in Teck ACC ORs or
 - Located in AA workroom in TECC sterile core (T2-629)



On return:

- All equipment needs to come back to BCWH with accompanying staff.
- All open drug kits sent back to pharmacy following CODE BLUE Policy.

Appendix D: COVID + or PUI Requiring a Higher Level of Care, Including HAU or Transfer outside of BCWH (*Updated April 10th, 2020)

INTERIM

(APPENDIX D– PATIENT TO HAU)

BC Women’s Hospital – Obstetrical Management of COVID + or PUI Pregnant Patient Requiring a Higher Level of Care including HAU or Transfer outside of BCWH (*Updated April 10th, 2020)

