

EMS INTERFACILITY TRANSFER CAPABILITY FORM

Please add your agency name. Check all levels of transport that apply to your agency's capability. Assign a transfer capability color to your agency based on the highest level of transport allowed.

EMS Agency _____

Activity Level	Probability of Deterioration	Example	Suggested Level of Transport	Transfer Designation	Capability
Stable	No Risk	Monitoring Vitals, Saline Lock, Oxygen	BLS	ROUTINE	<input type="checkbox"/>
	Low Risk	Crystalliod IV, Some IV medications, pulse oximetry, increased need for assessment and interpretation skills	ALS	ROUTINE	<input type="checkbox"/>
	Medium Risk	CPAP, Intubated with simple ventilator settings, EKG monitoring/defibrillator, administering IV medications	ALS	RAPID	<input type="checkbox"/>
	High Risk	Intubated with complex ventilator settings, multiple vasopressors, patient has high likelihood of deterioration based on assessment or knowledge of physician regarding specific illness/injury	CCT vs available ALS with time considerations	STAT	<input type="checkbox"/>
Unstable	Unstable or actively deteriorating	Life of limb threatening emergency, uncorrected shock, deteriorating, requiring invasive monitoring, transvenous pacing, balloon pump, post-resuscitation, multi-trauma related injuries	CCT vs available ALS with time considerations	STAT	<input type="checkbox"/>

Transfer Capability
Color _____

Print Name

Signature

Date