

Policy Title:	CCT: DIVERSION OF TRANSPORT UNIT		
Category:	1 - Provision of Care	Policy No.:	118
Originally Issued:	6/27/2018	Update (U)/Revised (R):	6/27/2018
Distribution:	Hospital-Wide <input checked="" type="checkbox"/>	If not Hospital-Wide, Other:	

PURPOSE:

The status of a CCT patient being transported may change while enroute to the receiving facility. Every effort should be made to transport the patient to the original destination facility, as they are prepared to accept the patient and have specialty capabilities which the patient requires.

DEFINITION(S):

None

POLICY:

Diversion of Transport Unit.

PROCEDURE:

In the event of a life-threatening situation in which the patient cannot be safely transported to original destination, the transport nurse will instruct the EMT driver to divert the vehicle to the closest, most appropriate facility capable of carrying for the specific needs of the patient and to upgrade to Code 3 (three).

The decision to divert is at the judgement of the CCT RN/RCP or the attending physician. Reasons for diversion may include, but are not limited to:

- Receiving facility is other than an acute care facility (skilled nursing facility, private address, physician office, etc.)
- Airway is not manageable in the field
- Potentially life-threatening dysrhythmia which cannot be stabilized by medications.
- Cardio respiratory arrest

The dispatcher will be notified on the need to divert to the nearest paramedic-receiving center. The dispatcher will notify the "nearest facility" of the need for emergency medical assistance and give as accurate as possible, the estimated time of arrival. They will notify the required municipal departments of the Code 3 status.

When a patient is diverted from the original accepting facility, the critical care transport nurse will notify the transferring and accepting facilities as soon as possible of the change in patient

destination and the change in a patient's condition. The CCT team should stand by at the diversion facility to be available to provide secondary transfer to the original destination facility, if indicated, once the patient is stabilized.

A complete documentation of the incident will be documented in an incident patient diversion report by the RN/RCP to the attending of the Nurse Manager. All diversions will be reviewed by the Nurse Manager and Medical Director.

ATTACHMENTS/FORMS:

None

REFERENCE(S)/AUTHORITY:

None

APPROVED BY:

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