

	B05 - TRANSPORT FOR DIRECT ADMISSION TO PALLIATIVE CARE	
	All ages	DESTINATION
<p><i>ERS employees and the employees of providers operating under a service purchaser agreement (SPA) with ERS, will comply with all EMS/PT policies & procedures, patient care maps, and medication documents (excepting WFPS and other providers by agreement with ERS).</i></p>		
Version date: 2022-09-07		Effective Date: 2022-09-27 (0700 hrs)

INDICATIONS

- Primary (911) response where all of the following conditions are met:
 - The patient is registered with any Regional palliative care program; and
 - The patient has an admission to a palliative care unit (PCU) or other health care facility arranged by a member of the palliative care program or a physician; and
 - The destination is within 60 minutes of the patient's point of origin. ³

CONTRAINDICATIONS

- Interfacility transports (IFT) of palliative care patients will be managed as per IFT policies and practices.

PREAMBLE

Many palliative care patients prefer to remain in their own home and/or with family as long as possible. Near end of life some will have *goals of care* that include transfer to a bed in a dedicated palliative care unit or a local acute care facility.

Plans for admission may be *coordinated* by a member of the palliative care team. Admission may actually be reserved, or "booked" by the palliative care physician or a non-palliative care physician with admitting privileges at that facility. Often there is collaboration between the patient's personal physician and the palliative care team.

NOTES

1. When advised that a palliative care patient has an admission booked as above, paramedics will transport the patient to that facility, unit, ward, or bed as directed.

In some smaller facilities, processing of admissions is done in the emergency department (ED) and paramedics may be advised to first present there for documentation and assessment by the on-duty ED physician.
2. If the patient or caregiver is the initial source of information that an admission has been arranged, paramedics should discretely and tactfully attempt to confirm before bypassing a closer facility. The patient or caregiver will usually have contact information for their palliative care coordinator, lead, or physician.
3. If the transport duration to the destination will exceed 60 minutes, paramedics will transport to the closest ED where an intercept or secondary IFT may be arranged. If the transport duration to the closest ED will exceed 60 minutes, paramedics will transport to the closer of the destination or the ED.

4. Paramedics will over-ride any redirection advisory (diversion) at the destination hospital when directed to that facility.
5. Paramedics may contact the on-line medical support (OLMS) physician at any time for assistance with destination decision making and orders to accommodate unique patient needs during transport, such as analgesic dosing in excess of standing orders (M-documents).

LINKS

B01 - STANDARD DESTINATION
 B02 - REDIRECTION ADVISORY
 B03 - DESTINATION WHEN THE CLOSEST ED IS IN WINNIPEG

APPROVED BY



Medical Director - Provincial EMS/PT



Associate Medical Director - Provincial EMS/PT

VERSION CHANGES (refer to X02 for change tracking)

- New