

Ambulance Victoria evacuation template

If Ambulance Victoria (AV) transport is required then the following guidelines and template should be used to ensure the right information is provided to assist them to arrange non-emergency resident transport, if available.

Guidelines for populating the evacuation template

Detail	Information required
Diagnosis	A brief description of the patient's current medical condition and history relevant to medical transport.
Infectious hazard	Assists in determining whether the patient can be transported with others. Provide detail of any infectious diseases where present or indicate number.
Weight	Note if < 159 kg or provide weight details if over 159 kg. Include any details in relation to unusually proportioned patients (may be less than 159 kg but very tall or wide girth). Assists in determining whether patient may be accommodated on stretcher or whether specialist equipment is required.
Special requirements	Detail requirements for oxygen administration (including self-administered O2), monitoring, IV and so on.
Patient Type	Walker, walker-assist, wheelchair-confined or stretcher (see definitions below).
Patient acuity	Required for stretcher patients: low, medium or high non-emergency patients (consistent with NEPT definitions – see below). Patients not meeting criteria for transport by NEPT should be designated as 'emergency'.
Mobility aid	Detail any patient mobility aids that require transport. Ability to accommodate mobility aids in vehicles is limited – alternative arrangements for transport may need to be made by the sending facility.
Pension number	Patient health care card, pension or DVA details.
Destination	Include facility name, ward, address and contact phone number.

Non-emergency patient transport (NEPT)

NEPT is available for patients who do not require a time critical ambulance response and who have been assessed by a medical practitioner. For further information refer to

<www.health.vic.gov.au/ambulance/nept.htm>

A health professional is required to provide the patient acuity details (low, medium or high), consistent with the Non-emergency patient transport clinical practice protocols. Full definitions of patient acuity can be at <<http://docs.health.vic.gov.au/docs/doc/Non-emergency-patient-transport:-Clinical-practice-protocols>>

A **walker patient** is defined as a patient who:

- is able to ambulate with or without the use of a mobility device and able to successfully transfer into a seat in a vehicle
- is able to climb two small steps into a minibus (with or without assistance)
- is able to travel comfortably in a seated position
- has no requirement for administration by the crew of pain relief, intervening treatment, monitoring, IV therapy, O2, or clinical observations while in transit
- does not require transportation for psychiatric treatment.

A **walker-assist patient** is defined as a patient who:

- can be pushed in a wheelchair and able to successfully transfer into a seat in a vehicle
- is able to travel comfortably in a seated position
- does not require transportation for psychiatric treatment.

A hoist patient is defined as a patient who:

- has no requirement for administration of pain relief, intervening treatment, monitoring, IV therapy, O2, or clinical observations while in transit
- is confined to and is able to travel comfortably in a wheelchair for the duration of the journey
- is unable to transfer into a seat in a vehicle
- has no requirement for administration of pain relief, intervening treatment, monitoring, IV therapy, O2, or clinical observations while in transit
- does not require transportation for psychiatric treatment.

A hoist patient travels in a wheelchair that is 'locked down' into a dedicated restraint system.

Stretcher patient:

A patient who requires transport in a recumbent or semi-recumbent position and/or requires treatment, monitoring, observation or supervision during transport.

In all cases an assessment has been made by a medical practitioner that the patient is haemodynamically stable for the duration of the transport and there is no likelihood that the patient will require transport under emergency conditions (refer to NEPT regulations for the appropriate health professional).

A **low-acuity patient** is defined as a patient in whom all the following apply:

1. The patient has no emergency clinical symptoms or signs of recent onset (see 'Emergency patients').
2. The patient has an illness or injury that does not require active treatment but which does require supervised patient transport. Examples include:
 - inability to travel in a normal seated position
 - requirement for oxygen during transport
 - impaired cognitive function
 - inability to travel more than a few steps unaided.

A **medium-acuity patient** is defined as a patient who requires active monitoring or management and in whom all the following apply:

1. The patient does not meet the criteria of an emergency patient.
 - There is an illness or injury that requires one or more of the following:
 - cardiac monitoring
 - observation and monitoring of an intravenous infusion of a crystalloid fluid, with or without an infusion pump
 - observation and monitoring of an intravenous infusion of crystalloid fluid containing glyceryl trinitrate or heparin using an infusion pump(s)
 - care of an intercostal catheter or central venous catheter
 - care of the patient who has a recent fracture of the spinal column (without spinal cord injury)
 - care of the patient on home ventilation.

Medium-acuity status also applies if the patient has a mental illness and is assessed as behaviourally stable by the sending practitioner.

Patients on home ventilation are regarded as medium-acuity patients, provided that the NEPT attendant or a carer is able to:

- perform tracheal suctioning
- connect the ventilator to the tracheostomy in the event of accidental disconnection (if the patient is unable to do this)
- connect a bag or valve device (such as Ambu bag) to the tracheostomy to administer ventilation in the event that the ventilator fails.

A **high-acuity patient** is defined as a patient in whom:

1. The patient does not meet the criteria of an emergency patient.
2. There is an illness or injury that requires active monitoring or treatment by a nurse or medical practitioner, including:
 - mechanical ventilation
 - an intravenous infusion of a vasoactive drug
 - a patient with a tracheostomy
 - a patient with a central or arterial line
 - a device that supports circulation (intra-aortic balloon pump or extra-corporeal membrane oxygenation).

Emergency patients

The NEPT regulations refer to patients who may be 'time critical'. For clarity, a 'time critical' patient is referred to as an 'emergency patient' in the patient transport clinical practice protocols. The following symptoms/signs/clinical syndromes define an emergency patient who may not be transported by NEPT.

Moderate to severe respiratory distress

Respiratory rate > 30/min, and at least one of the following:

- distressed, anxious or exhausted
- speaks in short phrases or unable to speak
- uses accessory muscles
- inspiratory stridor
- pale or sweaty
- cyanosed
- altered conscious state
- pulse rate < 50 or > 120/minute.

Note: A patient with mild respiratory distress who is not deteriorating may also be transported by NEPT.

Decreased perfusion

Blood pressure < 100 mmHg systolic

Note: A patient with known chronic (> 24 hours) hypotension who has no other signs of poor perfusion may be transported by NEPT. Also, a patient with acute (< 24 hours) hypotension, which is usual for the patient (such as immediately after renal dialysis), may also be transported by NEPT.

Pulse

< 50 or >120/min

Note: A patient with known chronic (> 24 hours) bradycardia or tachycardia who has stable blood pressure may be transported by NEPT. A patient with a temporary pacing wire inserted to treat bradycardia is regarded as potentially unstable and therefore an emergency patient.

Decreased conscious state

GCS < 13

Note: A patient with documented chronic (> 24 hours) altered conscious state (due to severe dementia, for example) who has no signs of acute deterioration (GCS changed by > 2 points) may be transported by NEPT.

Chest pain or acute coronary syndrome

Any patient aged over 20 years with chest pain that could be of cardiac cause is regarded as an emergency, unless the pain has completely resolved with the patient's usual medication.

A patient who has failed to reperfuse with thrombolytic therapy.

Suspected stroke

A patient who is within nine hours of onset is an emergency unless evaluated by a medical practitioner as stable.

Other conditions that should be considered as emergencies are:

- headache where subarachnoid haemorrhage has not been excluded
- acute abdominal or back pain in those aged over 60 where aortic aneurysm has not been excluded
- haematemesis or rectal bleeding of acute onset unless a health professional has evaluated the patient and confirms that vital signs are stable
- suspected meningococcal septicaemia.