

TITLE: EMTALA:
Emergency Medical Treatment and Active
Labor Act

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ORIGINATOR: Chief Compliance Officer

POLICY APPLIES TO: Main Campus, CRMC

APPROVED BY:

Chief Nursing Officer: _____ Date: _____

REVISION DATE: 11/1/2012, 08/04/2015

Chief Operating Officer: _____ Date: _____

EFFECTIVE DATE: November 26, 1990

PRC Review DATE: 07/10/2015

POLICY

Any individual who presents to the main campus of Cheyenne Regional Medical Center (CRMC) requesting assistance for an emergent medical condition or who is in active labor shall receive a medical screening examination by qualified medical personnel to determine if an emergent medical condition or active labor exists. Individuals with emergent medical conditions shall be treated and their condition stabilized regardless of their ability to pay for such services.

Applicability

1. This policy only applies to the main campus of CRMC.
2. This policy does not apply to individuals who have begun to receive outpatient services other than through the CRMC ED.
3. This policy does not apply to patients who have been admitted as inpatients.
4. Parts of this policy and or EMTALA may be waived when a disaster has been declared under Section 1135 of the Social Security Act.

DEFINITIONS

1. Capabilities.
 - a. Staff Capabilities is the level of care that the personnel of CRMC can provide within the training and scope of their professional license; this includes on-call physicians.
 - b. Facility Capabilities include physical space, equipment, supplies, and Specialized Capabilities that CRMC provides, as well as ancillary services routinely available to CRMC.
2. Capacity. The ability of CRMC to accommodate patients with qualified staff, beds, and equipment.
3. CRMC Main Campus. The physical area commonly known as the West Building of CRMC, at address 214 East 23rd Street, and other hospital-owned structures not strictly contiguous to the CRMC Main Campus but located within 250 yards of the CRMC Main Campus,

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including outside the CRMC dedicated Emergency Department, sidewalk, driveway, parking structures, and the common areas of the Medical Office Building.

4. Diversionsary Status. The period during which, in the good faith judgment of CRMC administration, after consultation with physicians and nursing staff it is determined that CRMC lacks capacity to handle additional patients.
5. Emergency Medical Condition (EMC).
 - a. A medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain and or a psychiatric emergency, defined below) such that the absence of immediate medical attention could reasonably be expected to result in:
 - i. placing the patient (defined below) or, with respect to a pregnant woman, the health of the woman or her unborn child, in serious jeopardy;
 - ii. serious impairment to bodily functions; or
 - iii. serious dysfunction of any bodily organ or part.
 - a. With respect to a pregnant woman who is having contractions (true labor is presumed unless the physician or qualified medical personnel, after a period of observation, certifies the presence of false labor);
 - i. inadequate time to effect a safe transfer to another hospital before delivery; or
 - ii. transfer may pose a threat to the health or safety of the woman or unborn child.
9. Hospital Property. See CRMC Main Campus, defined above.
10. Medical Screening Exam (MSE). A process of determining, with reasonable clinical certainty that an EMC or active labor exists.
11. Off-Campus Department. Any facility, organization, or physician office located off of CRMC's Main Campus operating under CRMC's Medicare number, licensed as a part of CRMC, and furnishing some of the same health care services as are provided at the CRMC Main Campus. Services of the "same type" are those services in a category of Medicare covered services that are provided by CRMC at its Main Campus.
12. Patient. An individual who presents on hospital property or at an off-campus department for examination or treatment for an EMC. Patient does not include an individual who has been admitted as an inpatient, nor an individual who has begun to receive outpatient services as part of an encounter other than an encounter in the CRMC ED for examination or treatment for an EMC.
13. Psychiatric Emergency. Those situations where a patient is a danger to himself or others by reason of aggressive conduct or inability to perceive or appreciate danger. Symptoms of substance abuse (drug and/or alcohol) requiring immediate detoxification are also

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considered within the definition of an EMC, and stabilizing treatment (defined below) must be rendered.

14. Qualified Medical Personnel (QMP). A practitioner in a category of providers approved by the Board to perform Medical Screening Examinations (MSEs) and who has been approved by the Medical Staff and CRMC's governing body to perform MSE's.
15. Representative. The patient's legally authorized representative acting on the patient's behalf.
16. Specialized Capabilities or Facilities. Facilities such as burn units, neonatal intensive care units, and, in rural areas, regional referral centers.
17. Stabilizing Treatment. The treatment necessary to stabilize an EMC.
18. Transfer. The movement of an individual in the CRMC ED to a facility outside CRMC. (Transfer includes discharge, but does not include moving a patient who has been declared dead or who leaves without permission or against medical advice (AMA)).

PROCEDURE

A. The Medical Screening Exam and when a MSE is required

1. An appropriate MSE shall be offered to any patient on the CRMC Main Campus who requests emergency medical services, on whose behalf such services are requested, or, in the absence of such a request, whose appearance or behavior would cause a prudent layperson observer to believe that such individual needs examination or treatment for an EMC.
 - a. Where the patient requires obstetrical services, the MSE may be rendered in the CRMC ED or the Labor & Delivery Unit triage.
 - b. Where the patient requires a forensic exam for sexual assault, the MSE may be rendered in the Cheyenne Regional ED, or the Sexual Assault Unit.
2. A physician or QMP shall medically screen the patient.
 - a. Where a QMP performs the screening examination, such QMP shall consult with the patient's physician during or at an appropriate time after the MSE, as necessary.
 - b. The on-call physician shall be contacted and consulted about the patient's condition, as necessary, when the patient does not have a physician on the CRMC Medical Staff, or after hours, as determined by the Medical Staff.
3. The MSE and stabilizing treatment, if necessary and within the capabilities of CRMC, shall be provided to any patient, regardless of the patient's ability to pay.
 - a. The MSE and stabilizing treatment, if necessary, shall not be delayed to obtain payment or insurance information.

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4. A MSE shall be conducted on minors without waiting for parental consent when a minor presents with an EMC and the parents or guardians cannot be located.
 - a. If it is determined that the minor does not have an EMC, staff may await parental consent to conduct further assessment or treatment.
5. Where an individual comes to the CRMC ED and requests treatment during a national emergency or crisis, CRMC shall perform such screening as necessary to determine whether the individual falls into the category for which the community has a specified screening site (e.g., toxin exposure) and may refer the individual to a designated screening site.
6. A patient may be moved to a different part of CRMC for a MSE and stabilizing treatment, if the MSE demonstrates that an EMC exists, provided that:
 - a. the patient is moved in such circumstances regardless of ability to pay (e.g., psychiatric screening or Labor & Deliver Unit triage);
 - b. there is a bona fide reason to move the patient; and
 - c. appropriate personnel accompany the patient.
7. A patient on hospital property presenting for emergency care shall be seen, even when CRMC is on diversionary status.
 - a. CRMC personnel shall respond to a patient presenting for emergency care on hospital property other than the CRMC ED in a manner that is in the patient's best interest, taking into consideration the needs of the patient, the location of the patient, access to the patient, and needs of other patients.
 - b. When appropriate, 911 may be called. When a patient on hospital property requires rescue, stabilization, and/or transport, emergency medical services may be called to assist, when to do so is in the best interest of the patient.
8. The MSE includes ancillary services routinely available to CRMC along with available personnel, which includes on-call physicians, in determining whether an EMC exists.
9. A physician, QMP, or other CRMC personnel may contact the patient's physician to seek advice regarding the patient's medical history and needs that may be relevant to the MSE or treatment, provided that such consultation does not inappropriately delay the MSE or stabilizing treatment, if an EMC exists.
10. Where an individual requests medication/pharmaceutical services, CRMC shall perform such screening as would be appropriate to determine that the individual does not have an EMC.

B. When a MSE is not required

1. Where an individual comes to the CRMC ED and requests services for a medical condition that is not of an emergent nature, CRMC will perform such screening as would

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be appropriate to determine that the individual does not have an EMC. After such determination is made, the individual may be directed elsewhere for services.

2. Where an individual presents to the CRMC ED for outpatient services specified in an order from a physician or licensed practitioner (e.g., blood draws, diagnostic tests, scheduled procedures), CRMC is not required to perform a MSE.
3. Where an individual requests preventive care services (e.g., immunizations, allergy shots, flu shots) or employer mandated testing (e.g., blood/breath alcohol testing), CRMC is not required to perform an MSE.
4. Where an individual is brought to CRMC by law enforcement seeking only blood/breath alcohol testing or evidence collection for law enforcement purposes, does not request examination or treatment, and does not appear to need examination or treatment, CRMC is not required to perform a MSE.
5. Where an individual is brought to CRMC by law enforcement seeking clearance for incarceration, CRMC's EMTALA obligation is to perform a MSE to determine if an EMC exists. If no EMC is present, no further action is required for EMTALA compliance.

C. Stabilizing Treatment

1. If an EMC exists, CRMC shall provide stabilizing treatment within CRMC's capabilities. An on-call physician is expected to present to CRMC to stabilize and treat a patient when requested by a physician or QMP.
2. A person with an EMC is stabilized when the physician or QMP determines that:
 - a. the patient is stable for discharge (i.e., when, within reasonable clinical confidence, the physician or QMP determines that the patient has reached the point where his/her continued care, including diagnostic work-up and/or treatment, could be reasonably performed as an outpatient or later as an inpatient);
 - b. the patient is stable for transfer (i.e., when the physician or QMP has determined, within reasonable clinical confidence, that the patient is expected to leave CRMC and be received at another facility with no material deterioration of his/her medical condition and the treating physician reasonably believes that the receiving facility has the capability to manage the patient's medical condition and any reasonably foreseeable complications of that condition).
 - c. with regard to a pregnant patient in active labor, stabilization means the delivery of the fetus and placenta, unless:
 - i. delivery is contraindicated or
 - ii. transfer is inappropriate.
 - d. with regard to a psychiatric patient, stabilization means protecting the patient and preventing him/her from harming him/herself or others.

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D. Patient Registration and Financial Procedures when an EMC exists

1. CRMC shall not delay the MSE to request payment or insurance information. CRMC may complete its routine registration process, including inquiries about insurance coverage, provided that the inquiry does not delay the MSE or stabilizing treatment.
2. CRMC may not seek or receive payment as part of its routine request process prior to conducting the MSE and initiating stabilizing treatment.
3. CRMC shall have individuals trained to respond to questions about patient financial liability.
 - a. Patients will be informed of CRMC's willingness and obligation to provide an MSE and stabilizing treatment.
 - b. CRMC staff will encourage a patient believed to have an EMC to remain for an MSE and stabilizing treatment.
 - i. CRMC staff will encourage the patient to defer questions about financial liability until after the MSE has been completed.
 - c. Where the Patient withdraws his/her request for examination and treatment, the *Refusal of Treatment or Transfer* form shall be completed. (See "Refusal of Examination, Treatment, or Transfer" below.)
4. Managed care plans/payors may not be contacted for payment authorization until the MSE has been completed and stabilizing treatment has been initiated, if an EMC exists.
 - a. Managed care plans/payors may be notified of the patient's presentation and asked to identify an attending physician, but no request for authorization shall be sought until the patient has received an MSE and stabilizing treatment has been initiated, if the MSE demonstrates that an EMC exists.

E. Discharge Requirements

1. A patient will be discharged if, following the MSE, the physician or QMP determines that the patient does not have an EMC or is stable for discharge.
2. Prior to discharge, the patient with an EMC shall be given a plan of care and discharge instructions, including a plan for appropriate follow-up care, if necessary.

F. Re-Screening

1. Any patient returning to CRMC requesting emergency medical services shall be re-screened, regardless of the time interval since his/her prior visit, to determine whether an EMC exists.

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G. Transfer Requirements

1. Transfer of a patient may be considered under the following circumstances:
 - a. The patient is stable for transfer as determined by the physician in attendance or a QMP; or
 - b. The patient or the patient's representative requests transfer after being informed of CRMC's obligation to provide an MSE and stabilizing treatment, if an EMC exists; or
 - c. The patient requires a higher level of care;
 - d. CRMC lacks capacity to treat the patient;
 - e. The physician in attendance or QMP, in consultation with the physician, determines that the benefits of transfer outweigh the risks; or
 - f. A woman in labor may not be transferred unless she or her representative requests transfer and the physician or QMP, in consultation with the physician, certifies that the benefits to the patient and/or the fetus outweigh the risks.
2. CRMC shall provide medical treatment within its capacity that minimizes the risks to the patient's health and, in the case of a woman in labor, the health of the unborn child, likely to occur or result from transfer.
3. Transfer of the patient is accomplished as follows:
 - a. The form *Request for Transfer/Consent to Transfer/Certification for Transfer* form is fully completed. Patient consent/request is documented on this form.
 - b. The receiving facility has the capability for the treatment of the patient (including adequate equipment and medical personnel) and has agreed to accept the treatment and provide appropriated medical treatment. Date and time of the transfer request and the name of the individual authorized to accept the patient on behalf of the facility is documented on the form.
 - c. The transfer is affected through appropriate means consisting of the necessary, qualified personnel and transportation equipment, including the use of life support measures.
 - d. Copies of all medical records related to the EMC are sent with the patient to the accepting facility. Other records, including tests results, not available at the time of transfer shall be sent as soon as practicable after transfer.
 - e. Where the patient is transferred because of the refusal or failure of the on-call physician to come to CRMC within a reasonable period of time to provide necessary stabilizing treatment, the name of the on-call physician shall be sent to the accepting facility with the patient.

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4. A physician who certifies the transfer must sign the *Request for Transfer/Consent to Transfer/Certification for Transfer* form within seventy-two (72) hours of the patient's transfer.
5. An unstable patient shall not be transferred for the convenience of the physician. An unstable patient may be transferred to the physician's office only if:
 - a. The physician has examined the patient and determined that it is in the patient's best interest to render further care in the office setting; or
 - b. CRMC does not have access to specialized equipment (e.g., ophthalmic equipment) to fully evaluate and treat the patient.

H. Refusal of Examination, Treatment, or Transfer

1. If a patient or the patient's representative has refused examination, treatment, or transfer, the following will occur:
 - a. The patient will be informed of CRMC's obligations under EMTALA, and the willingness of CRMC to provide an MSE and render stabilizing treatment, if an EMC exists.
 - b. The risks and benefits of refusing stabilizing treatment are explained by the physician or QMP.
 - c. The *Refusal of Treatment or Transfer* form is signed, indicating what aspects of care are refused, the risks of refusal, and the reason for the refusal.
 - i. If the patient or the patient's representative refuses to sign, documentation relative to the above is noted in the medical record with the steps taken to try to secure the written informed refusal.
2. If a patient leaves without examination, attempts shall be made to locate the patient in CRMC. CRMC shall document information on any known patient who chooses to leave without examination.

I. Obligation to Accept Transfers

1. To the extent that CRMC has specialized capabilities or facilities, such as a burn unit, a neonatal intensive care unit, or a regional referral center, that are not available at a facility seeking to transfer to CRMC, CRMC shall accept appropriate transfers of such individual if CRMC has the capacity to treat the individual.
 - a. CRMC shall accept an appropriate transfer of an unstable patient regardless of financial consideration or proximity of other hospitals.
 - b. CRMC may not delay acceptance of a patient with an unstabilized EMC or refuse care pending receipt or verification of financial information.

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2. CRMC need not accept the transfer of an individual from a transferring hospital that has the capability and capacity to stabilize the individual.
 - a. If CRMC has reason to believe it has received a patient with an unstable EMC who has been transferred by another hospital in violation of EMTALA requirements, the Chief Compliance & Privacy Officer shall be informed immediately.
 - b. The Chief Compliance & Privacy Officer will notify CMS/State agency within seventy-two (72) hours, if reporting is deemed necessary.

J. Signage Requirements

1. CRMC shall display signage specifying:
 - a. the rights of individuals with EMCs and women in labor; and
 - b. that CRMC participates in the applicable State Medicaid program
2. Signage shall be posted in an open and conspicuous area within the CRMC ED, Patient Access admitting area, and in such other locations where patients are waiting for examination and treatment.

K. Documentation Requirements

1. Logs shall be maintained and reflect patients who present seeking emergency medical services. Information shall include:
 - a. whether a patient refused treatment,
 - b. was transferred,
 - c. was admitted and treated,
 - d. was stabilized and transferred, or
 - e. was discharged.
2. Logs may be maintained in areas other than the CRMC ED (e.g., Labor & Delivery Unit). Logs will be retained for five (5) years.
3. An on-call physician list shall be maintained and reflect the specialties routinely available at CRMC. The on-call lists will be retained for five (5) years.
4. *Refusal of Treatment/Transfers* and *Request for Transfer/Consent for Treatment/Certification for Transfer* forms shall be completed as appropriate and retained for a minimum of five (5) years.

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5. Medical and other records related to patients transferred to or from CRMC shall be retained for a minimum of five (5) years.
6. The documentation applicable to the following events shall contain, at a minimum, the following information:
 - a. Triage process:
 - i. presenting complaint, including extent, frequency, and duration;
 - ii. re-question when concerned about a change in the Patient's condition;
 - iii. re-question when there is a prolonged wait for an MSE.
 - b. Medical Screening Examination (MSE):
 - i. physician/QMP assessment and orders;
 - ii. intervention/treatments;
 - iii. patient/fetus response to treatment.
 - c. Refusal of examination:
 - i. patient name, encounter date, and time;
 - ii. patient signature or signature of representative;
 - iii. time of attempt(s) made to locate patient (if applicable).
 - d. Refusal of treatment or transfer:
 - i. risk and/or benefits;
 - ii. patient signature or signature of representative;
 - iii. reason for refusal (if obtained).
 - e. If applicable, name of the on-call physician who refused or failed to respond when requested:
 - i. physician name(s);
 - ii. time of contact(s) or attempt(s) to contact;
 - iii. reason physician(s) could not respond or documentation of failure to respond;
 - iv. time of any other physician(s)' contact(s) or attempt(s) to contact.
 - f. Transfer of an unstable patient to another facility:
 - i. certification:
 - risk and benefits upon which the certification is based for transfer.
 - ii. Patient request/consent to transfer;
 - iii. Transfer acceptance by a receiving facility:

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- accepting physician or authorized person;
 - person contacted in receiving facility's admissions department;
 - documentation of time contacted.
- iv. notification to receiving facility:
- patient report given to staff;
 - documentation of time of report;
 - transfer of copies of relevant portions of the medical record to the receiving facility;
 - if applicable, name of the on-call physician who refused or failed to respond when requested.
- v. mechanism of transfer, and any special equipment or personnel utilized to facilitate a safe transfer.

L. Off-Campus Locations & Departments

1. Off-campus locations and departments shall refer to CRMC Policy CLIN-PC-58, Code Blue, and CLIN-PC-68 Emergency Procedures, Not-West Campus In-Patient Locations for guidance concerning appraisal of and response to emergencies.

M. Practitioner and Employee Protection

1. No action shall be taken against a physician or QMP who refuses to authorize the transfer of a patient with an EMC who has not been stabilized.
2. No action shall be taken against any employee because such employee reports an EMTALA violation.

References:

Emergency Medical Treatment and Active Labor Act (EMTALA), 42 U.S.C. 1395dd; 42 C.F.R. Parts 413, 482, and 489

This Policy replaces the following deleted policies:

Policy Cross Reference:

Key Words: transfer, treatment

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Attachment A

EMTALA Policy

Completion of Request for Transfer/Consent for Treatment/Certification for Transfer Form

Sections I-VI must be completed by the transferring physician

Section I- Medical Condition: Check appropriate box as dictated by the patients' condition.

Section II-Reason for Transfer: Check appropriate box as indicated by reason transfer is being initiated. Only fill in the physicians name and contact information as well as the verification if a physician at CRMC refused or failed to come and see a patient.

Section III-Risk and Benefit of Transfer: Must have at least one benefit and one risk listed, if there is not an appropriate benefit or risk listed fill in information behind other.

Section IV-Mode/Support/Treatment during Transfer as Determined by Physician: Must have the appropriate mode of transportation checked and only need to check any other treatments or support systems as specifically required.

Section V-Receiving Facility and Individual: Write in the name of the receiving facility and the name of the receiving physician and then date and time. This also serves as the order to transfer. The physician then signs the form on the transferring physician line.

Section VI-Assessment prior to Transfer: This section is completed just prior to the patient being transferred from the facility. Fill in the patients last set of vital signs and check the appropriate box corresponding to the condition of the patient. Sign, time and date this assessment on the Physician signature line provided.

Section VII must be completed by the nurse

Section VII-Accompanying Documentation: Check how the documentation was sent and check all of the boxes pertaining to what was sent with the patient. Write the name of the individual accepting on behalf of the receiving facility and document the date and time. Write the name and title of the person report was called to at the receiving facility. At the time of transfer the nurse will complete the time and date the transfer is occurring and signs on the nurse signature line.

Section VIII must be completed by the person who explains the reason for transfer to the patient or their representative

Section VIII-Patient Consent to "Medically Indicated" or "Patient Requested" Transfer: Check whether the patient consented to transfer or if they requested the transfer. If the patient requests a transfer fill out the reason line. Check whether the patient authorized or does not authorize CRMC to receive follow-up information on the patient from the receiving facility. Check the box that indicates whose signature is on the form and have them sign. If a responsible person signs for the patient have them list their relationship. The person who completes this section should sign as a witness. If the patient is unable to sign or gives verbal consent two witnesses must sign. Retain the original to send to HIM with the patients' record and send the yellow copy with the patient to the receiving hospital.

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Cheyenne Regional Medical Center
Cheyenne, WY 82001

Request for Transfer / Consent for Treatment / Certification for Transfer

STAMPER OR PATIENT LABEL

Emergency Medical Condition (EMC) Identified: (Mark appropriate box (es), then go to Section II)

I. MEDICAL CONDITION:

- No Emergency Medical Condition Identified or Inpatient Transfer: This patient has been examined and an EMC has not been identified.
Patient Stable - The patient has been examined and any medical condition stabilized such that, within reasonable clinical confidence, no material deterioration of this patient's condition is likely to result from or occur during transfer.
Patient Unstable - The patient has been examined, an EMC has been identified and patient is not stable, but the transfer is medically indicated and in the best interests of the patient.

I have examined this patient and based upon the reasonable risks and benefits described below and upon the information available to me, I verify that the medical benefits reasonable expected from the person of appropriate medical treatment at another facility outweighs the increased risk to this patient's medical condition that may result from affecting this transfer.

II. REASON FOR TRANSFER: Medically Indicated Patient Requested

On-call physician refused or failed to respond within a reasonable period of time.

Physician Name/Contact Number _____ Verified by: _____

III. RISK AND BENEFIT FOR TRANSFER:

Medical Benefits:

- Obtain level of care/service NA at this facility.
Service/Primary Care Physician
Benefits outweigh risks of transfer
Other: _____ (none if blank)

Medical Risks:

- Deterioration of condition en route
Worsening of condition or death if you stay here.
Other: _____ (none if blank)
There is always risk to traffic delay/accident resulting in condition deterioration.

IV. Mode/Support/Treatment during Transfer as Determined by Physician - (Complete Applicable Items):

- Mode of transportation for transfer: BLS ALS Helicopter Neonatal Unit Private Car Other
Support/Treatment during transfer: Cardiac Monitor Oxygen - (Liters) Pulse Oximeter IV Pump
IV Fluid Rate Restraints - Type Other None
RN RT ER Tech

V. Receiving Facility and Individual:

Receiving Facility / Order to Transfer to _____ Date/Time _____
Receiving MD _____

Transferring Physician Signature _____

VI. Assessment prior to Transfer:

Pre-Transfer Assessment/Vital Signs: HR _____ RR _____ BP _____ O2sat _____

Patient remains Stable Unstable, transfer out weighs risk. Physician: _____ Date/Time _____

VII. ACCOMPANYING DOCUMENTATION - sent via: Patient/Responsible Party Fax Transporter

- Copy of Pertinent Medical Record Lab/EKG/X-Ray Copy of Transfer Form Court Order
Advance Directive Other

Hospital Administrative Representative accepting transfer _____ Date/Time _____

Report given (Person / Title) _____

Time of Transfer _____ Date _____ Nurse Signature _____

VIII. PATIENT CONSENT TO "MEDICALLY INDICATED" OR "PATIENT REQUESTED" TRANSFER:

- I hereby CONSENT TO TRANSFER to another facility. I understand that it is the opinion of the physician responsible for my care that the benefits of transfer outweigh the risks of transfer. I have been informed of the risks and benefits upon which this transfer is being made.
I hereby REQUEST TRANSFER to _____. I understand and have considered the hospital's responsibilities, the risks and benefits of transfer, and the physician's recommendation. I make this request upon my own suggestion and not that of the hospital, physician, or anyone associated with the hospital.

The reason I request transfer is _____

I do authorize the receiving facility to provide Cheyenne Regional Medical Center and my/their physician with information and copies of my/their medical records for purposes of assuring continuity of care and/or quality assurance and peer review.

Signature of Patient Responsible Person _____ Relationship _____
Witness _____ Witness _____



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(04/07 kp/sdg 07/07 tg/sdg 08/06/07 bc/sdg 09/04/07 tg/sdg)