



DR. PABLO O. TORRE
MEMORIAL HOSPITAL

RIVERSIDE MEDICAL CENTER, INC.



METRO PACIFIC HEALTH
THE HEART OF FILIPINO HEALTHCARE

DEPARTMENT: Nursing Service Division		POLICY NUMBER: DPOTMH-MPP-SURGCOM-ASC-P012-(01)	
TITLE/DESCRIPTION: EMERGENCY PATIENT TRANSFER			
EFFECTIVE DATE: January 31, 2025	REVISION DUE: January 30, 2028	REPLACES NUMBER: N/A	NO. OF PAGES: 1 of 8
APPLIES TO: Ambulatory Surgical Center		POLICY TYPE: Multi Disciplinary	

PURPOSE:

1. To ensure the safe and efficient transfer of a patient experiencing a medical emergency from the Ambulatory Surgical Center (ASC) to the Emergency Room (ER). This policy provides a structured approach for transferring patients, maintaining patient safety, ensuring clear communication between healthcare teams.
2. To specify the route of the patient that will take through the ASC to the ER, ensuring that the patient is moved efficiently and without obstruction, while also preserving their dignity and privacy.

DEFINITIONS:

Emergency Patient Transfer - the process of moving a patient from the Ambulatory Surgical Center (ASC) to the Emergency Room (ER) due to a sudden and significant deterioration in the patient's medical condition, requiring immediate or advanced care that cannot be provided at the ASC.

Endorsement - the process of transferring responsibility for patient care from one healthcare provider to another. In the context of this policy, it refers to the exchange of critical medical information between the ASC team and the ER team to ensure continuity of care during the emergency transfer.

Attending Physician (Surgeon) - the physician responsible for making medical decisions regarding the patient's care, including determining the need for an emergency transfer to the ER, and providing orders for any required interventions during the transfer.

Circulating Nurse - the nurse who manages the overall environment of the operating or procedure room, coordinates the patient's transfer to the ER, and ensures continuous monitoring of the patient's condition during the transfer.

Scrub Nurse - the nurse who assists during surgical or procedural procedures and is responsible for preparing the patient and ensuring all necessary medical equipment is available for transport when an emergency transfer is needed.

Attendant (Patient) - the staff member responsible for physically moving the patient from the ASC to the ER, ensuring safe transport and navigating the appropriate route through the facility.

Auxiliary Staff - non-clinical support personnel who assist in preparing the transfer environment, organizing equipment, and ensuring that logistics are in place for a safe and smooth patient transfer.

Emergency Room (ER) Nurse - a registered nurse in the Emergency Room responsible for receiving the patient, performing an immediate assessment, and initiating necessary emergency treatments as part of the ongoing care team.

Transfer Order - a formal medical order issued by the attending physician to initiate the

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emergency transfer of the patient to the ER, including any instructions for medical care that must be continued during transport.

Patient Handoff Report - a detailed communication, both verbal and written, that includes a patient's medical history, condition, interventions performed, and any special instructions, provided to the receiving ER team to ensure safe continuation of care.

RESPONSIBILITY:

ASC Nurse, ER Nurse, Auxilliary, Circulating Nurse, Attending Physician

POLICY:

1. Focuses on maintaining the patient's safety throughout the transfer process by ensuring that the necessary medical equipment and staff accompany the patient at all times.
2. Ensures that all relevant clinical information shall communicate to the ER staff in a timely and thorough manner, minimizing any risk of miscommunication and ensuring continuity of care.
3. Emphasizes the importance of accurate documentation at every stage of the transfer process, ensuring that a complete record of the patient's transfer, care, and communications shall maintained.
4. During the transfer, continuous monitoring of the patient's condition shall maintained with necessary interventions (e.g., oxygen, IV fluids, vital sign monitoring) being implemented as ordered by the attending physician.
5. The policy specifies the route the patient will take through the ASC to the ER, ensuring that the patient is moved efficiently and without obstruction, while also preserving their dignity and privacy.
6. Ensures that a formal hand off is provided by the circulating nurse to the ER staff with a detailed verbal and written report about the patient's condition, interventions, and immediate needs.
7. The ASC maintains readiness for such transfers, ensuring that all staff are trained in emergency response protocols, and that the necessary equipment and facilities shall in place to support an effective transfer.





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8. In the event that a patient or their significant others refuse to admit the patient to Riverside Medical Center Inc., Emergency Room, the patient shall be transfer to the hospital of their choice using the ASC ambulance. This transfer shall be conducted with the same level of urgency and care as an emergency transfer to Riverside ER, ensuring the patient's medical needs are met during the transfer process.

PROCEDURE (SOP):

1. Identification and Decision to Transfer

- 1.1 If a patient experiences a sudden medical emergency (e.g., deteriorating vital signs, severe distress), the attending physician immediately assesses the patient's condition.
- 1.2 Based on clinical judgment, the physician determines whether the patient requires urgent transfer to the ER for advanced care.
- 1.3 Once the decision is made, the physician orders the immediate transfer of the patient, specifying any medical interventions that should continue during transport (e.g., oxygen administration, vital signs monitoring).

2. Preparation for Transfer

- 2.1 Auxiliary transfers the patient to a stretcher or wheelchair, depending on their condition.
- 2.2 Transfer will proceed through the doctor's and staff ante room, ensuring the patient's privacy and safety.
- 2.3 The patient will then be moved through the hallway of the Department of Imaging Sciences (DIS), with attention to minimizing delays and maintaining patient confidentiality.
- 2.4 Necessary medical equipment, such as oxygen, IV fluids, and monitoring devices, transported with the patient to ensure continuous monitoring during the transfer.

3. Communication with the Emergency Room

- 3.1 The Circulating Nurse promptly notifies the ER staff, providing essential information about the patient's condition, interventions performed, and relevant medical history.
- 3.2 This includes notifying the ER of the patient's:
 - 3.2.1 Name
 - 3.2.2 Age
 - 3.2.3 Condition
 - 3.2.4 Procedure performed, and
 - 3.2.5 Any immediate medical interventions
- 3.3 The Circulating Nurse accompanies the patient to the ER, ensuring continuity of care. Upon





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arrival, the Circulating Nurse provides a formal handoff to the ER team, offering:

- 3.3.1 A detailed summary of the patient's medical history.
- 3.3.2 Information about any interventions performed at the ASC.
- 3.3.3 The patient's current condition and any critical needs or instructions for ongoing care.

4. Transfer to the Emergency Room (ER)

- 4.1 Upon arrival at the ER, the Circulating Nurse ensures the patient is promptly received by the ER team.
- 4.2 A thorough verbal and written report is provided to the ER staff, detailing the patient's condition, interventions, and any ongoing needs.
- 4.3 The ER team acknowledges receipt of the patient and assume responsibility for further care.

5. Documentation

- 5.1 The Circulating Nurse documents all steps related to the emergency in the patient's medical record, including:
 - 5.1.1 The time of transfer initiation and completion.
 - 5.1.2 The physician's order for transfer and any specific instructions for the patient's care.
 - 5.1.3 Communication logs between the ASC and ER staff, detailing the patient's condition and interventions.





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WORK INSTRUCTION:

KEY TASKS	PERSON RESPONSIBLE
1. Assesses the patient's condition and determine the need for urgent transfer to the ER based on clinical judgment.	Attending Physician
2. Issues clear transfer order, specifying medical interventions (e., oxygen, IV fluids) during transport.	
3. Notifies the ER of the emergency transfer, providing essential patient information (e.g., condition, medical history, intervention)	Circulating Nurse
4. Positions the patient on a stretcher or wheelchair, ensuring all necessary medical equipment is in place.	Auxilliary
5. Safely transport the patient through the ASC to the ER, ensuring a clear, unobstructed route.	Circulating Nurse, Attendant
6. Provide a detailed handoff report to the ER team, including the patient's condition, interventions, and any ongoing needs.	Circulating Nurse
7. Receive the patient, initiate immediate assessment and begin appropriate emergency care.	ER Nurse





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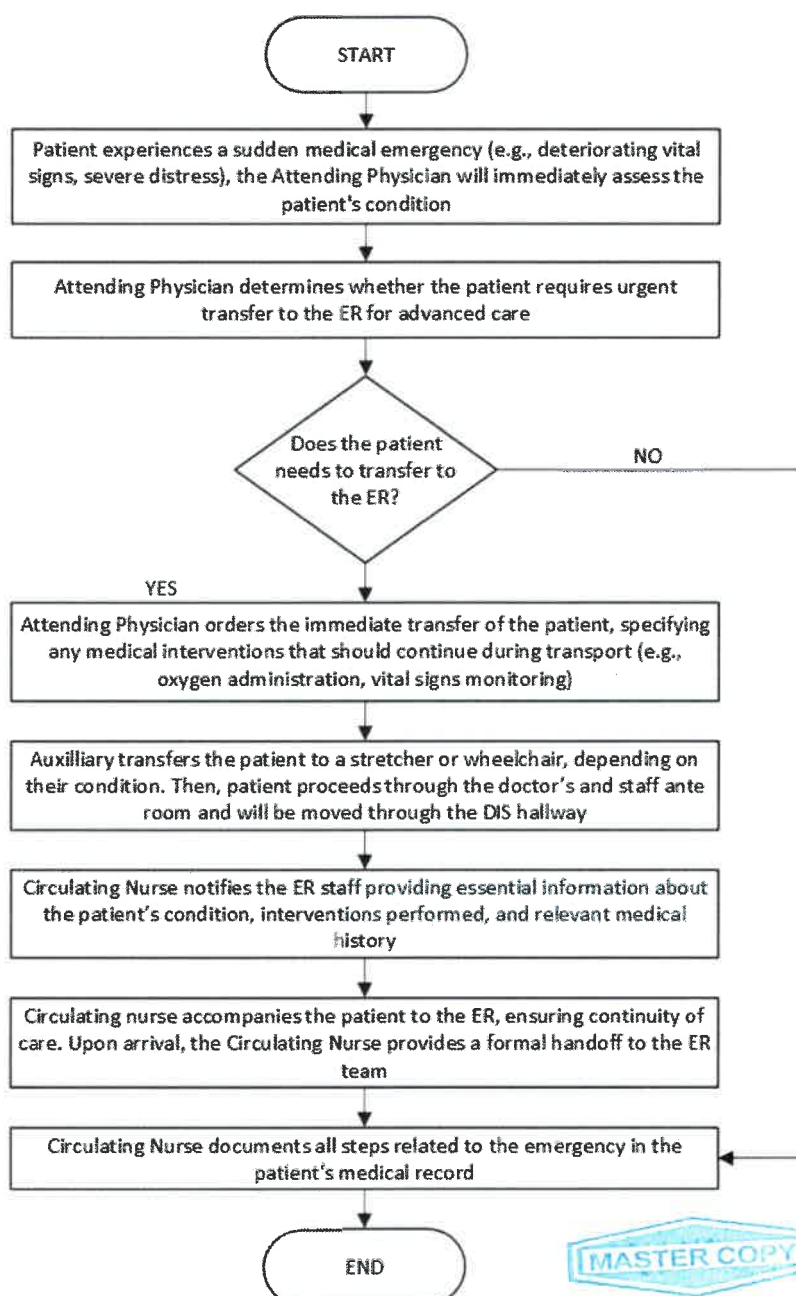
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WORK FLOW:



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FORMS: N/A
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