# **REQUEST FOR PATIENT TRANSPORT V2020\_1.10**



Metropolitan Stretcher Transport Phone: 1300 366 313 (enquiries/cancellations) Fax: 1300 366 314 (bookings) Walker, Walker Assist and Hoist (Metro Transfers Only) Phone: 1300 360 929 (enquiries/cancellations) Fax: 1300 361 929 (bookings)

Rural Phone: 1300 366 313 (enquiries/cancellations)

Fax: 1300 366 314 (bookings)

### TO MAKE A REQUEST FOR PATIENT TRANSPORT, PLEASE COMPLETE AND RETURN PAGES 1 AND 2

Patient's Given Name Patient's Surname

## Please review the following COVID19 criteria and tick all that apply:

Does the patient have a positive COVID-19 infection?

Yes No

Is the patient currently quarantined/detained for potential COVID-19 infection? Yes No

Is the patient a healthcare or aged care worker with a headache, myalgia, stuffy nose, nausea, vomiting or diarrhoea? Yes No

Is the patient from a residential aged care facility or prison?

Yes No

Has the pati	ient had close co	ntact in the past 14	days with a COVID	19 confirmed cas	e, or have been	in a known cluster	location (i.e. a	aged care facility)?
Yes	No							

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	Rural	Phone: 1300	366 313 (enquiries/cand	ellations)		Fax: 1300	) 366 314 (bookings)				
Is it clinically n	ecessary	for the patier	nt to travel by Ambul	ance? See ov	er for rule	S				Yes	No
Does the patient require active clinical monitoring/supervision during transport? See over for rules										Yes	No
Booking Facility:			Contact Name:			Contact P		: Cont	act Fax #:		
Pick-Up Day:			Pick-Up Date:		Pic	<b>t-Up Time*:</b> (mi	ust be > 1 hour prior to app	t time) Appointment	Time:		
have confirmed t	that they v	vill accept the p					g this form I acknowled ject to review and appr	roval by ESTA before th		an be cor	firmed.
Destination: Inc	clude full ac	ldress (and name	of facility if appl.)					Wa	rd/Dept/Re	esidence	:
			Practition (Pub Hosp a		<b>#:</b>		Pick Up Phone #:				
Patient's Given	Name		Patient's Surname:			DOB:	Age:	64	ender:	Male	
						202.				Female X (Unsp Indeterr	
Select one plat	tform only	y:									
Walker Patie	ent is able t	o walk and climb	three steps unaided								
Walker Ass	<b>ist</b> Patient	is able to walk an	d climb three steps with as	sistance							
Wheelchair	r <b>Hoist</b> Pat	tient mobility is res	stricted to a wheelchair and	I transport must	be complete	d in a hoist equipp	ed vehicle				
Low Acuity	Stretche	r Patient may hav	e impaired cognitive functi	on or chronic sh	ortness of bre	eath (with no recen	t change) and requires visua	al supervision during transp	port		
							a glyceryl trinitrate intravene				
For Low, Med	lium and Hig	gh Acuity Stretche	r, please select: Weight	≤ 160kgs or	≥ 160 – 315	kgs, <b>Height</b> ≤ 1	usion containing vasoactive 83cm (6') or ≥ 183cm ( d to Intra Aortic Balloon Pur	6') – 205cm (6'8), <b>Width</b>	≤ 53cm or ≥	53 – 80	lcm
High Acuity	Complex	Vehicle (CPAV)	Weight ≥ 315kgs <u>OR</u> height	≥ 205cm (6'8) <u>O</u>	<u>R</u> width ≥ 800	m. May be attache	d to Intra Aortic Balloon Pur	mp (IABP) or Extra Corporea	al Membrane C	)xygenatior	n (ECMO)
Medical Diagno (relating to transpo											
Purpose of tran (e.g. x-ray)	nsport:										
Current Vital Signs – (Inter-hospital transfers only):				Infectious Disease: (please specify) IV a			cify) IV add	<b>litives:</b> (plea	ase speci	fy)	
HR	BP		RESP	GCS							
Responsible B	arty (Billi-	na).					Public Hospital	Transports to/from	Specialist Pati	ient Clinics	or
Responsible Party (Billing):       Patient     DVA       WorkCover     Subscriber					TAC	IHT	Outpatients	Health Independent and authorised by t	ce Programme	es must be	booked
					Other		Appointment for patient under Pension, HCC or	not be processed without an order note that an UR number is not an 0		er number	– please
Reference Nun	nber:						IHT: Hospital Orde Number:	er			
Special Require	ements:						Es	scort:			
IV	Humidio	crib	Infusion Pump	O2				Essential Primary Ca			
ETT	Cardiac	Monitor	Syringe Driver	Guide/As	sistance D	ogs (with decla	ration)	family cannot be transp make alternate arranger		OVID-19 a	and must
Equipment/Mo	bility Aid	<b>s:</b> (specify) In m	lost transfers mobility aids	and luggage >	5kg	Going for adn	nission: Re	eturn Trip: Yes	No	Est 1	Time:

Equipment/Mobility Aids: (specify) In most transfers mobility aids and luggage > 5kg can't be accommodated. One small bag and walking sticks allowed.

Going for admission:

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## **Authorisation to Transport**

Authorisation is limited to health professionals who can make an informed decision about whether there is a genuine clinical need for a patient to be transported by ambulance instead of any other way. The health professionals who can usually authorise ambulance transport are:

- A registered medical practitioner;
- An Ambulance Victoria paramedic/authorised employee of the Emergency Services Telecommunications Authority; and
- A registered division 1 nurse (under the non-emergency patient transport regulations 2016).

The Non-Emergency Patient Transport (NEPT) Regulations 2016 set out the classes of transport based on acuity (Low, Medium and High) of the patient and the type of transport (road or air). Acuity must be assessed by an appropriate health professional under Regulation 10(4)(b) who is expected to determine that the transport is clinically necessary, and that the patient will be haemodynamically and behaviourally stable for the duration of the transport.

Before authorising a patient for any ambulance transport interstate, the referring health professional must contact Ambulance Victoria and provide detailed evidence as to why the patient must attend interstate health services. Ambulance Victoria may seek a second opinion.

# Assessment of Patient Acuity / Mobility

The Non-Emergency Patient Transport (NEPT) Regulations 2016 set out the classes of transport based on acuity (Low, Medium and High) of the patient and the type of transport (road or air). Acuity must be assessed by an appropriate health professional under Regulation 10(4)(b) which includes a registered medical practitioner, a registered nurse or a paramedic working in the Communications Centre at AV. The authorising health professional is expected to determine that the transport is clinically necessary, and that the patient will be haemodynamically and behaviourally stable for the duration of the transport.

#### A low acuity patient is a patient who has one or more of the following conditions:

a) Impaired cognitive functioning requiring supervision;

b) If the patient is not transported by an aeromedical service, chronic diagnosed shortness of breath in relation to which there has been no recent change.

Regulation 11 states that low-acuity patients must be visually monitored by a suitable qualified and competent crew member for the duration of the transport.

#### A medium acuity patient is a patient who requires:

- a) Active management or intervention; or
- **b** Specialised equipment requiring monitoring; or
- c) Observation and monitoring of an intravenous infusion that does not contain any vasoactive agent other than glyceryl trinitrate.

A high acuity patient is a patient that requires active management or intervention; or one or more of the following: cardiorespiratory support; a higher level of care than that required for the transport of a medium acuity patient; or observation and monitoring of an intravenous infusion that contains vasoactive agents.

Transport by PIPER's neonatal emergency transport service; PIPER's paediatric emergency transport service or ARV, excluding patients who have received treatment and are being returned to their home or transported to another facility. In this regulation, ARV means the business unit of Ambulance Service – Victoria, known as Adult Retrieval Victoria; PIPER means Paediatric Infant Perinatal Emergency Retrieval operated under the auspices of the Royal Children's Hospital.

## **Concession Benefits**

Prior to making a booking, the person authorising the transport is responsible for confirming that the concession classification covers Non-Emergency Patient Transport. Concession benefits do not apply when:

- · A patient only holds a Commonwealth Seniors Health Card but does not have a concession cards which covers their transport;
- A patient requests to be repatriated or relocated to or from Victoria for non-clinical reasons. Repatriation back to Victoria must be authorised as clinically necessary
  and there must be a demonstrated clinical requirement for ambulance transport);
- · Where the transport is not clinically necessary; or
- · Another party is responsible for the account.

The other party responsible may be the Department of Veterans' Affairs (DVA) where a person holds a Gold Card or a White Card (subject to the conditions of the card), the Transport Accident Commission (TAC) (subject to the conditions under the scheme), or the Victorian WorkCover Authority (VWA) (subject to the conditions under the scheme).

## **Mental Health Patients**

Specific to the assessment of a person with mental illness, a registered medical practitioner is a registered psychologist; registered nurse; social worker; or a registered occupational therapist employed or engaged by a designated mental health service. Mental Health Patients cannot be booked for transport via fax.

Mental health patients being transported for medical reasons can be pre-booked so as long as the transport relates solely to a medical reason (i.e. not the patient's mental health condition). Bookings for patients being transported with a mental health condition must be made by phone on the day of transport so additional information can be sourced.

By using this booking form you acknowledge that the information supplied is in accordance with the Department of Health and Human Services Non-Emergency Patient Transport Regulations (2016) and NEPT Clinical Practice Protocols found at www.health.vic.gov.au/ambulance. You further agree that the patient has been fully assessed, and that the documented acuity level is an accurate reflection of the patient's current condition and they are therefore deemed to be suitable for non-emergency patient transport.