

EMTALA

Revised EMTALA Form
April 2008

Why A New Form?

- Responsibility is clearly defined
 - Physician Section
 - Nursing Section
 - Patient Section
- Required information/process is easier to follow
- Fewer pages (only 2 previously 3)
- Assists with compliance review


Completion of EMTALA Form – Physician Component

- Physician is responsible for completion of this section.
 - Exceptions:
 - A QMP may complete this section in the event the Physician is not present.
- The Physician section has 6 components that must be completed by the Physician or RN/Qualified Medical Personnel

Completion of EMTALA Form – Physician Component I

The appropriate box must be checked

Note the statement at the bottom of component I



I. EMERGENCY MEDICAL CONDITION (EMC) IDENTIFIED: *(Check one of the following)*

- ☐ **No Emergency Medical Condition Identified:** This patient has been examined and an EMC has not been identified.
- ☐ **Patient Stable –** The patient has been examined, an EMC has been identified and 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, and EMC has been identified and patient is not stable, but the transfer is medically indicated and in the best interest 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 certify that the medical benefits reasonably expected from the provision of appropriate medical treatment at another facility outweigh the increased risk to this patient's medical condition that may result from effecting this transfer.

Completion of EMTALA Form

– Physician Component II

- The patient's diagnosis must be written out and may not contain any abbreviations.

II. DIAGNOSIS: _____

Completion of EMTALA Form – Physician Component III

- In component III only one box will be checked

III. REASON FOR TRANSFER: ☐ Medically Indicated ☐ Patient Requested

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

MD Name: _____ Address: _____

Completion of EMTALA Form

– Physician Component IV

- If the check box choices do not clearly explain the benefits – the reason should be written out while avoiding abbreviations

IV. RISK AND BENEFIT FOR TRANSFER:

Medical Benefits:

☐ Obtain level of care/service not available at this facility. Service: _____

☐ Benefits outweigh Risks of Transfer Medical Risks

Completion of EMTALA Form – Physician Component IV

- Medical risks should also be written out while avoiding abbreviations

Medical Risks:

☐ Worsening of condition or death if you stay here.

There is always a risk of traffic delay/accident resulting in condition deterioration.

Completion of EMTALA Form – Physician Component V

V. MODE/SUPPORT/TREATMENT DURING TRANSFER AS DETERMINED BY PHYSICIAN - (Complete Applicable Items):

Mode of transportation for transfer: Name of Agency:

CMC-NE Mobile Intensive Care

☐ BLS ☐ ALS ☐ Helicopter ☐ Law Enforcement ☐ Other: _____

Support/Treatment during transfer: ☐ Cardiac Monitor ☐ Oxygen – (Liters: 2) ☐ Pulse Oximeter

☐ IV Fluid: NS ☐ Rate: 250 ml/hr ☐ Restraints – Type: NA ☐ Other: _____ ☐ None

Online medical direction control (if necessary): ☐ Transfer Hospital ☐ Destination Hospital ☐ Other ☐ NA

The transfer hospital is from which the patient will leave, i.e.: CMC-NE. The destination hospital is where the patient will go, i.e.: Baptist Medical Center. This is important for the transporting unit to know who to contact if more orders are needed

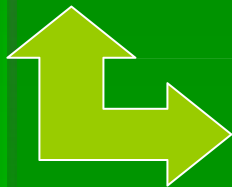
Completion of EMTALA Form – Physician Component VI

This statement and component is a critical part of any transfer and will be affirmed by your signature.

VI. RECEIVING FACILITY AND INDIVIDUAL: The receiving facility has the capability for the treatment of this patient (including adequate equipment and medical personnel) and has agreed to accept the transfer and provide appropriate medical treatment.

Receiving Facility accepting transfer: Baptist Medical Center Time: acceptance
Receiving Person accepting transfer: MD or RN Time: acceptance
Receiving MD: Receiving MD only
Transferring Physician Signature: Your signature here Date/Time: 04/04/2008 1257

Per Dr. _____ by _____ RN/Qualified Medical Personnel Date/Time: _____



The final line will be completed by the RN or qualified medical personnel such as the nursing supervisor if the MD requesting transfer is not immediately available.

Completion of EMTALA Form – Nursing Component

- The nurse is responsible for completing this section.
- This section must be completely filled out.

Completion of EMTALA Form – Nursing Component VII

The nurse should check all that apply. Keep in mind that the receiving facility will need the best information to provide optimal care.

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: _____

“Transporter” will be MICU or the transporting unit like MedCenter Air.

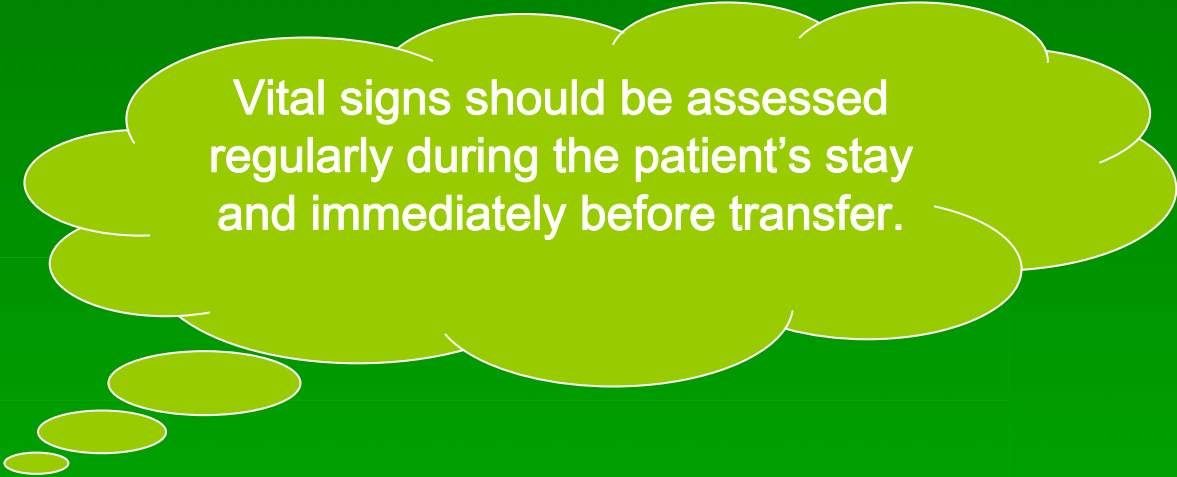
Completion of EMTALA Form – Nursing Component VII

Report given (Person/Title): _____

Date of Transfer: _____ Time of Transfer: _____

Report should be RN to RN, including reporting to the ER RN or the receiving unit RN. Don't forget that you will also need to give face-to-face report to the transporting agency.

Completion of EMTALA Form – Nursing Component VII



Vital signs should be assessed regularly during the patient's stay and immediately before transfer.

Vital Sign near the time of transfer: T: _____ Pulse: _____ R: _____ BP: _____ SpO2: _____ Time: _____

Completion of EMTALA Form – Nursing Component VII

RN Name (print): _____ Signature: _____

Date/Time: _____

RN Supervisor (print): _____ Signature: _____

Date/Time: _____



In some areas the Patient Care Coordinator is qualified to sign here. Check with your department and/or hospital policy as to who may sign here.



Date **AND** Time are often missed. Be aware that both are required.

Completion of EMTALA Form – Patient Component VIII

- The patient or legally responsible person is responsible for component VIII.
- The Physician and RN should make sure the patient or legal responsible person fully understand the risks and benefits of transfer.

Completion of EMTALA Form – Patient Component VIII

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

(Check all that apply):

☒ 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 Baptist Medical Center. 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 wish to be closer to family

☒ **PATIENT REFUSED EMERGENCY MEDICAL TRANSPORTATION (Request to go by Private Vehicle):**
I have been offered emergency medical transportation and refuse the offer. I understand that transportation by private vehicle may increase the medical risks of the transfer.

Potentially all three boxes may be checked. The patient or legal responsible party is consenting to transfer, requesting the transfer, and is requesting to go by private vehicle.

Completion of EMTALA Form – Patient Component VIII

The patient or legally responsible person's signature is not required in the case of an involuntary commitment. The consent for transfer is approved by (or "signed" by) the State of North Carolina.

☐ **INVOLUNTARY COMMITMENT**

Completion of EMTALA Form – Patient Component VIII

<hr/> Patient/Legal Responsible Person's Signature <u>Can be the RN or other designee</u> <hr/> Witness	<div>Date/Time</div> <hr/> <div>Date/Time</div>	<u>Spouse/Parent</u> Relationship to Patient <div>Date AND time are required.</div>
<input type="checkbox"/> The patient was unable to consent because: _____		

Anytime the patient cannot consent for themselves, a reason must be included here. Possible reasons are “unresponsive”, “confused”, “intubated”, or “sedated”.

Completion of EMTALA Form

- It is **VERY IMPORTANT** to check the EMTALA form thoroughly and that all components are filled out completely and correctly.
- Once this is done, the form should be copied and the copy included with the paperwork accompanying the patient upon transfer.
- The original EMTALA transfer form is kept with the patient's chart.

1. Date, time AND signature are required on all Transfer Certificates.

- A. True
- B. False

2. Risk and Benefit for Transfer?

- A. RN
- B. MD
- C. Qualified Medical person as defined by Medical Staff Bylaws
- D. B & C

3. Vital signs near the time of transfer?

- A. RN
- B. MD
- C. Qualified Medical person as defined by Medical Staff Bylaws
- D. B & C

Answer the following questions

4. The accepting Physician and Facility are documented in the Physician section of the form

- A. True
- B. False

5. The form needs to be filled out completely prior to the patient transfer.

- A. True
- B. False

6. Accompanying documentation that goes with the patient to the receiving facility includes

- A. Copy of Pertinent Medical Record
- B. Diagnostic test results, if available
- C. Court orders
- D. Copy of the Transfer Certificate
- E. All of the above

7. The patient section contains check boxes for consent for transfer, patient request for transfer, refusal for transfer, and involuntary commitment.

- A. True
- B. False

8. Whom do you need to notify prior to a patient being transferred to another facility?

- 1. PCC/Charge Nurse
- 2. Nursing Coordinator
- 3. Flow Coordinator
- 4. Nurse Manager

- A. 1 & 2
- B. 1 & 3
- C. 2 & 4
- D. None of the above

9. If the patient is unable to consent to the transfer a reason must be documented on the Transfer Certificate

- A. True
- B. False

10. Date time AND signature are required on all Transfer Certificates

- A. True
- B. False