



Johnson County MED-ACT Interfacility Transfer Assessment Form

SUP804B

Updated: January 6, 2025

Requesting Facility	
Select One	
Destination Facility	
Destination Unit & Room No.	
Contact Name	
Contact Phone	
Call Number	

Patient Acuity Risk			
Airway Device			
None	0		
Require Supplemental Oxygen > 6Lpm	1		
Advanced Airway or Mech Airway Device (ET, Trach, CPAP, BiPAP, etc)	2		
Respiratory Rate (RR)			
10-20 per minute	0		
<10 bpm or >30 bpm	1		
Mechanical/Assisted	2		
Hemodynamics			
Stable (MAP > 65 mmHg without vasopressor support)	0		
Moderately Stable (Vasopressors maintaining MAP > 65mmHg)	1		
Unstable (MAP < 65 mmHg)	2		
Arrhythmias (Per Sending Physician)			
None	0		
Non-life threatening	1		
Life-threatening	2		
Glasgow Coma Scale			
15	0		
8-14	1		
< 8	4		
Pregnant Patient			
Stable	0		
OB Patient with Complications (Preeclampsia, Premature Rupture of Membranes, etc.)	6		
OB Patient with Preterm Gestation (< 32weeks) with Complications	6		
Patient Acuity Assessment Total			

Supporting Factors Risk			
Sending Facility Type			
Full Hospital-Trauma/Comp CVA/Cath	0		
Hospital-No Trauma or Comp CVA or High Risk OB (Score if related to Diagnosis)	3		
Micro Hospital/Stand Alone ER	4		
Adult Patient at CM-KS	6		
Time Critical Diagnosis			
None	0		
CVA or LVO	6		
STEMI	6		
ACS Trauma Red Category	6		
Intracranial Hemorrhage & Anti-Coagulant	3		
Emergent Intervention (Surgery, Cath, etc)			
Scheduled/Pending Greater Than 2 hours	0		
Scheduled Less Than 2 hours	3		
EKG Monitoring Necessary			
None	0		
Required	2		
Intravenous Access Necessary (In Use)			
No	0		
Yes	1		
Central Line/IO	2		
Temporary Pacemaker/External Pacing			
No	0		
Yes	1		
Pharmacological or Device Support			
None	0		
IV Medication – Gravity Drip/Non-Titrate	2		
Pump, Titrated Med, or Medical Device Requiring Hospital Provided Clinician	4		
Support & Monitoring Assessment Total			

Patient Acuity Assessment Total	
Supporting Factors Assessment Total	
Interfacility Transfer Assessment Score	0
BC Approved	
BC Name	Select



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Hospital Clinician Required:

OMD Consult:

Reason Required:

BC/Transfer Notes:

Total IFT Score

Total Points	IFT Priority
>15 points	Immediate Response (Send unit regardless of status)
11-15	Emergent Response (Send unit if greater than Status 5)
6-10	Delayed Response – Consider Contacting OMD
<6	Refer to Non-Emergency Service