

TIERED RESPONSE PROGRAM FOR SKILLED NURSING FACILITIES
REQUESTING FACILITY NARRATIVE

- 1) Identify the need for a code 2 ambulance-only transfer (Attachment A).
- 2) Dial 911 to initiate the request
- 3) State the following:

“This is _____(Name) from _____ (approved facility name) on behalf of _____(R.N. or M.D. name - if not the same as caller), requesting a Code 2 Ambulance-only transfer to _____(Hospital).”

- 4) Monitor patient for changes which may require an upgrade to a Code 3 response, and dial 911 with such request.
- 5) Confirm proper transfer documents including code status / POLST are properly prepared and ready to deliver to the transporting crew.