

Social Health Insurance Protocol for Emergency Medical transfers

Inclusion Criteria

1. Must be declared a life – threatening emergency by the host institution attending medical practitioner or health worker.
2. Must be corroborated by receiving health facility as an appropriate case for receipt and management that will make a critical difference in term of morbidity/mortality.
3. The patient should be fit for air/sea travel. (As declared jointly by referring and receiving facilities)

Exclusion Criteria

1. Unfit for air/sea travel
2. Management at higher level is unlikely to make a prognostic difference
3. Brain death
4. No consent

Common Eligible Conditions

1. Trauma – Head injury, Spiral injury, Complicated fractures that require often reduction or instrumentation
2. Extensive burns (after immediate hemodynamic stabilization)
3. Penetrating/Crusting injuries of thorax/abdomen with significant internal organ damage
4. Acute CNS infections with doubtful diagnoses
5. Status epileptics with undiagnosed aetiology
6. Mania requiring physical restraint
7. Depression with serious suicide ideation
8. Anti polyneuropathy /radiculopathy/muscle disease requiring ventilator support
9. Anti infections of public health importance not responding to standard treatment procedures (eg: scrubtyphus, dengue) or developing serious complications (eg: DSS/DHF)
10. Stroke with raised ICT
11. Severe cardiac failure
12. Anti respiratory failure (where ventilator support is not available locally)
13. Life – threatening cardial arrhythmias
14. Seriously ill patients with any diagnostic conundrum.
15. Gross life threatening congenital anomalies (compatible & life)
16. Extrome prematurity (<33 wks)
17. Life threatening urgent surgical conditions
18. Congenital cyanotic heart disease requiring urgent medical/surgical management. Eg: pulmonary stenosis/artesia
19. Life threatening pregnancy related complications either for baby or mother

MEDICAL REFERRAL LETTER

Referring Health Facility: Referred Facility:

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Patient Name: Age:..... Sex: Health Facility No:

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Address: National ID no:

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Duration of Treatment:.....Ward&Bed no:

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Provisional Diagnosis:

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Assessment of Present Condition (Positive Clinical Findings):

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Investigations done (Relevant)

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Treatment Given at the Referring Health facility:

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Reasons for Emergency Referral:

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Recommendations of Specialist at Referred Facility (and name of the specialist):

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Is patient fit for travel: By air (Y / N); By sea(Y / N) Is patient a stretcher case: (Y / N)

Is medical escort required: (Y / N) If yes, number of escorts required:

Date:

Name, Designation and Signature of medical practitioner/health worker referring the case:

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