

Title 15: Mississippi State Department of Health

Part 16: Health Facilities

Subpart 1: Health Facilities Licensure and Certification

CHAPTER 41 MINIMUM STANDARDS OF OPERATION FOR MISSISSIPPI HOSPITALS

Subchapter 27 FACILITIES

Rule 41.27.3. Except as a pilot program approved by the Mississippi State Department of Health, the location of the emergency services shall be in close proximity to an exterior entrance of a hospital.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 83 FREESTANDING EMERGENCY DEPARTMENTS – PILOT PROJECT

Rule 41.83.1. **Purpose.** The Department plans to conduct a pilot project designed to accept proposals for the development of a Freestanding Emergency Department (FED) that would be designed to decrease the wait and length of stay times for patients with critical conditions that require inpatient treatment and decrease ambulance diversion as non-emergency patients move to the FED and open the flow of true emergencies to hospitals. Accomplishing both of these should provide greater access to care. Conceptually this pilot represents an effort to provide the essential service of Emergency Medicine to Mississippians in the challenging time of 5% decreases in emergency departments nationwide; while emergency department visits have increased by 32%. The target patient population for this pilot is 6,000 patient visits in twelve months.

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Rule 41.83.2. **Pilot FED (PFED) Guidelines.** The purpose of this policy and procedure guideline is to meet the emergency medical needs of the individual and community needs where the PFED is to be located. The PFED shall be a solely provider-based unit of a licensed Mississippi acute care hospital and comply with all applicable Medicare provider-based regulations. The PFED shall comply with all regulations that apply to clinical services and staffing for emergency departments, as set forth in the MSDH Minimum Standards of Operation for Mississippi Hospitals and be located within thirty-five (35) miles of the licensed hospital with which it is affiliated, and at least ten (10) miles away from any other licensed hospital. The PFED will provide data to their Trauma Region and the department's Trauma Registry through their hospital's participation in the

Mississippi Trauma Care System (MTS). The PFED will not be a designated component of the MTS.

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Rule 41.83.3. The PFED must possess the staff and resources necessary to evaluate all individuals presenting to the emergency department. The PFED must also be able to provide or arrange treatment and transport to attempt to stabilize emergency patients who are found to have an emergency condition. Because of the unscheduled and episodic nature of health emergencies and acute illness, the PFED must be staffed with experienced board certified or board qualified physicians, nursing and ancillary personnel who must be available 24 hours a day. The PFED will also provide treatment for individuals whose health needs are not of an emergent nature, but for whom the PFED may be the only accessible or timely entry point into the broader health care system. Accessing the PFED for care is an option exercised by patients seeking quality and service availability as outlined by EMTALA and all applicable Joint Commission regulations. Therefore, all current policies and procedures for EMS and the applicable destination polices will be upheld at all times.

1. As stated by the American College of Emergency Physicians (ACEP):
 - a. Emergency medical care must be available to all members of the public.
 - b. Access to appropriate emergency medical and nursing care must be unrestricted.
 - c. A smooth continuum should exist among pre-hospital providers, emergency department (ED) providers, and providers of definitive follow-up care.
 - d. Evaluation, management, and treatment of patient must be appropriate and expedient.
 - e. Resources should exist in the ED to accommodate each patient from the time of arrival through evaluation, medical decision making, treatment and disposition.
 - f. FEDs should have policies and plans to provide effective administration, staffing, facility design, equipment, medication and ancillary services.
 - g. The emergency physician, emergency nurse, and additional medical team members are the core components of the emergency medical care system. These FED personnel must establish effective working relationships with other health care providers and entities with whom they must interact. These include emergency medical services (EMS) providers, ancillary hospital personnel, other physicians, and other health care and social services resources. (*ACEP policy statement*)

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Rule 41.83.4. The PFED Emergency Department Policy Sections shall include:

1. Resources and Planning
 - a. Necessary Elements
 - i. Administration
 - ii. Staffing
 - iii. Facility
 - iv. Equipment and Supplies
 - v. Pharmacologic/Therapeutic Drugs and Agents
 - vi. Safety
 - vii. Ancillary Services
 - viii. Transfer policies and procedures for critical patients
 - ix. Electronic Medical Record
 - x. Relationships and Responsibilities
2. Core Measures
 - a. Measure Groups
 - i. Median Time from PFED Arrival to ED Departure for Discharged Patients
 - ii. Median Time from PFED Arrival to Decision to Transfer
 - iii. Median Time from Decision to Transfer to arrival at receiving facility
 - iv. Total lengths of stay and door-to-doctor times at the Affiliated Hospital
 - b. Quality/Safety Metrics
 - i. PFED will be responsible for reporting all categories required at Affiliated Hospital ED.
 - ii. Case analysis of EMS patient outliers.

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Rule 41.83.5. **PFED EQUIPMENT, INSTRUMENTS, AND SUPPLIES** The equipment, instruments, and supplies listed below are required in the PFED and each of the items should be located in or immediately available to the area noted. This list does not include routine medical/surgical supplies such as adhesive bandages, gauze pads, and suture material. Nor does it include routine office items such as paper, desks, paper clips, and chairs.

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.83.6. **Entire Department shall include:**

1. Central station monitoring capability
2. Physiological monitors
3. Blood flow detectors
4. Defibrillator with monitor and battery
5. Thermometers
6. Pulse oximetry
7. Nurse-call system for patient use
8. Portable suction regulator
9. Infusion pumps to include blood pumps
10. IV poles
11. Bag-valve-mask respiratory and adult and pediatric size mask
12. Portable oxygen tanks
13. Blood/fluid warmer and tubing
14. Nasogastric suction supplies
15. Nebulizer
16. Gastric lavage supplies, including large-lumen tubes and bite blocks
17. Urinary catheters, including straight catheters, Foley catheters, Coude catheters, filiforms and followers, and appropriate collection equipment
18. Intraosseous needles
19. Lumbar puncture sets (adult and pediatric)

20. Blanket warmer
21. Tonometer
22. Slit lamp
23. Wheel chairs
24. Medication dispensing system with locking capabilities
25. Separately wrapped instruments (specifics will vary by department)
26. Availability of light microscopy for emergency procedures
27. Weight scales (adult and infant)
28. Tape measure
29. Ear irrigation and cerumen removal equipment
30. Vascular Doppler
31. Anoscope
32. Adult and Pediatric "code" cart
33. Suture or minor surgical procedure sets (generic)
34. Portable sonogram equipment
35. EKG machine
36. Point of care testing
37. X-ray view box and hot light
38. Film boxes for holding x-rays
39. Chart Rack
40. Computer system
41. Internet capabilities
42. Patient tracking system
43. Radio or other device for communication with ambulances
44. Patient discharge instruction system

45. Patient registration system/ Information services
46. Intradepartmental staff communication system- pagers, mobile phones
47. ED charting system for physician, nursing, and attending physician documentation equipment
48. Reference materials including toxicology resource information
49. Personal protective equipment- gloves, eye goggles, face mask, gowns, head
50. and foot covers
51. Linen (pillows, towels, wash cloths, gowns, blankets)
52. Patient belongings or clothing bag
53. Security needs -including restraints and wand-type or free standing metal
54. detectors as indicated
55. Equipment for adequate housekeeping

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.83.7. General Examination Rooms shall include:

1. Examination tables or stretchers appropriate to the area.
2. For any area in which seriously ill patients are managed, a stretcher with capability for changes in position, attached IV poles, and a holder for portable oxygen tank should be used.
3. Pelvic tables for GYN examinations.
4. Step stool
5. Chair/stool for emergency staff
6. Seating for family members or visitors
7. Adequate lighting, including procedure lights as indicated
8. Cabinets
9. Adequate sinks for hand-washing, including dispensers for germicidal soap and paper towels.

10. Wall mounted oxygen supplies and equipment, including nasal cannulas, face masks, and venturi masks.
11. Wall mounted suction capability, including both tracheal cannulas and larger cannulas.
12. Wall-mounted or portable otoscope/ophthalmoscope
13. Sphygmomanometer/stethoscope
14. Oral and nasal airways
15. Biohazard-disposal receptacles, including for sharps
16. Garbage receptacles for non-contaminated materials

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.83.8. **Resuscitation Room.** All items listed for general examination rooms plus:

1. Adult and Pediatric "code cart" to include appropriate medication charts
2. Capability for direct communication with nursing station, preferably hands free
3. Radiography equipment
4. Radiographic view boxes and hot light
5. Airways needs
 - a. Big-valve-mask respirator (adult, pediatric, and infant) Cricothyroidotomy instruments and supplies
 - b. Endotracheal tubes, size 2.5 to 8.5 mm
 - c. Fiberoptic laryngoscope
 - d. Laryngoscopes, straight and curved blades and stylets
 - e. Laryngoscopic mirror and supplies
 - f. Laryngeal Mask Airway (LMA)
 - g. Oral and nasal airways
 - h. Tracheostomy instrument and supplies
6. Breathing

- a. BiPAP Ventilation System
 - b. Closed-chest drainage device
 - c. Chest tube instruments and supplies
 - d. Emergency thoracotomy instruments and supplies
 - e. End-tidal CO₂ monitor¹⁸
 - f. Nebulizer
 - g. Peak flow meter
 - h. Pulse oximetry
 - i. Volume cycle ventilator
7. Circulation
- a. Automatic physiological monitor, noninvasive
 - b. Blood/fluid infusion pumps and tubing
 - c. Blood/fluid warmers
 - d. Cardiac compression board
 - e. Central venous catheter setups/kits
 - f. Central venous pressure monitoring equipment
 - g. Cutdown instruments and supplies
 - h. Intraosseous needles
 - i. IV catheters, sets, tubing, poles
 - j. Monitor/defibrillator with pediatric paddles, internal paddles, appropriate pads and other supplies Pericardiocentesis instruments
 - k. Temporary external pacemaker
 - l. Transvenous and/or transthoracic pacemaker setup and supplies
 - m. 12-Lead ECG machine

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.83.9. **Trauma and miscellaneous resuscitation shall include:**

1. Blood salvage/autotransfusion device
2. Emergency obstetric instruments and supplies
3. Hypothermia thermometer
4. Infant warming equipment
5. Peritoneal lavage instruments and supplies
6. Pneumatic antishock garment, as indicated
7. Spine stabilization equipment to include cervical collars, short and long boards
8. Warming/cooling blanket

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.83.10. **Other Special Rooms.** All items listed for general examination rooms plus:

1. Orthopedic
 - a. Cast cutter
 - b. Cast and splint application supplies and equipment Cast spreader
 - c. Crutches
 - d. Extremity-splinting devices including traction splinting and fixation pins/wires and corresponding instruments and supplies
 - e. Halo traction or Gardner-Wells/Trippe-Wells traction Radiograph view and hot light
 - f. Suture instrument and supplies
 - g. Traction equipment, including hanging weights and finger traps
2. Eye/ENT
 - a. Eye chart
 - b. Ophthalmic tonometry device (applanation, Schiötz, or other)
 - c. Other ophthalmic supplies as indicated, including eye spud, rust ring remover, cobalt blue light

- d. Slit lamp
 - e. Ear irrigation and cerumen removal equipment
 - f. Epistaxis instrument and supplies, including balloon posterior packs Frazier suction tips
 - g. Headlight
 - h. Laryngoscopic mirror
 - i. Plastic suture instruments and supplies
3. OB-GYN
- a. Fetal Doppler and ultrasound equipment
 - b. Obstetrics/Gynecology examination light
 - c. Vaginal specula in pediatric through adult sizes
 - d. Sexual assault evidence-collection kits (as appropriate)
 - e. Suture material

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.83.11. **Required Pharmacological/Therapeutic drugs for PFED.** These classes of drugs and agents are required. The medical director of the PFED, representatives of the medical staff, and the director of the pharmacy shall develop a formulary of specific agents for use in the PFED.

- 1. Analgesics
 - a. narcotic and non-narcotic
- 2. Anesthetics
 - a. topical, infiltrative, general
- 3. Anticonvulsants
- 4. Antidiabetic agents
- 5. Antidotes
- 6. Antihistamines
- 7. Anti-infective agents

- a. systemic/topical
- 8. Anti-inflammatories
 - a. steroidal/non-steroidal
- 9. Anti-platelets
- 10. Aspirin
- 11. Plavix
- 12. Heparin
- 13. Bicarbonates
- 14. Blood Modifiers
- 15. Anticoagulants to include thrombolytics
- 16. Anticoagulants
- 17. Hemostatics
 - a. systemic
 - b. topical
 - c. plasma expanders/ extenders
- 18. Burn Preparations
- 19. Cardiovascular agents
 - a. Ace inhibitors
 - b. Adernergic blockers
 - c. Adernergic stimulants
 - d. Alpha/Beta blockers
 - e. Antiarrhythmia agents
 - f. Calcium channel blockers
 - g. Digoxin antagonist
 - h. Diuretics

- i. Vasodilators
- j. Vasopressors
- 20. Cholinesterase Inhibitors
- 21. Diagnostic agents
 - a. Blood contents
 - b. Stool contents
 - c. Testing for myasthenia gravis
 - d. Urine contents
- 22. Electrolytes
 - a. Cation exchange resin
 - b. Electrolyte replacements, parenteral and oral
 - c. Fluid replacement solutions
- 23. Gastrointestinal agents
 - a. Antacids
 - b. Anti-diarrheals
 - c. Emetics and Anti-emetics
 - d. Anti-flatulent
 - e. Anti-spasmodics
 - f. Bowel evacuants/laxatives
 - g. Histamine receptor antagonists
 - h. Proton pump inhibitors
- 24. Glucose elevating agents
- 25. Hormonal agents
- 26. Hypocalcemia and hypercalcemia management agents
- 27. Lubricants

28. Migraine preparations
29. Muscle relaxants
30. Narcotic antagonist
31. Nasal preparation
32. Ophthalmologic preparations
33. Otic preparations
34. Oxytocics
35. Pain Medications
36. Psychotherapeutic agents
37. Respiratory agents
 - a. Antitussives
 - b. Brochodilators
 - c. Decongestants
 - d. Leukotriene antagonist
38. Rho(D) immune globulin
39. Salicylates
40. Sedatives and Hypnotics
41. Thrombolytics
42. Vaccinations
43. Vitamins and minerals

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.83.12. **RADIOLOGIC, IMAGING, AND OTHER DIAGNOSTIC SERVICES.** The specific services available and the timeliness of availability of these services for emergency patients in PFED should be determined by the medical director of the PFED in collaboration with the directors of the diagnostic services and other appropriate individuals.

1. **The following should be readily available 24 hours a day for emergency patients:**
 - a. Standard radiologic studies of bony and soft-tissue structures including, but not limited to:
 - i. Cross-table lateral views of spine with full series to follow
 - ii. Portable chest radiographs for acutely ill patients and for verification of placement of endotracheal tube, central line, or chest tube
 - iii. Soft-tissue views of the neck
 - iv. Soft-tissue views of subcutaneous tissues to rule out the presence of foreign body
 - v. Standard chest radiographs, abdominal series, etc
 - b. Pulmonary services
 - i. Arterial blood gas determination
 - ii. Peak flow determination
 - iii. Pulse oximetry
 - c. Fetal monitoring (nonstress test)/uterine monitoring
 - d. Cardiovascular services
 - i. Doppler studies
 - ii. 12-Lead ECGs and rhythm strips
 - e. Emergency ultrasound services for the diagnosis of obstetric/gynecologic, cardiac and hemodynamic problems and other urgent conditions.
2. **The following services shall be available on an urgent basis, provided by staff in the Affiliated Hospital or by staff to be called in to respond within a reasonable period of time:**
 - a. Nuclear medicine
 - i. Ventilation-perfusion lungs scans
 - ii. Other scintigraphy for trauma and other conditions
 - b. Radiographic

- i. Arteriography/venography
 - ii. Computed tomography
 - iii. Dye-contrast studies (intravenous pyelography, gastrointestinal contrast, etc)
- c. Vascular/flow studies including impedance plethysmography

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.83.13. **REQUIRED LABORATORY CAPABILITIES.** The medical director of the PFED and the director of laboratory services shall develop guidelines for availability and timeliness of services for the PFED. The following laboratory capabilities are required for the PFED. This list may not be comprehensive or complete.

1. Blood bank
 - a. Bank products availability
 - b. Type and cross-matching capabilities
2. Chemistry
 - a. Ammonia
 - b. Amylase
 - c. Anticonvulsant and other therapeutic drug levels
 - d. Arterial blood gases
 - e. Bilirubin (total and direct)
 - f. Calcium
 - g. Carboxyhemoglobin
 - h. Cardiac isoenzymes (including creatine kinase- MB)
 - i. Chloride (blood and cerebrospinal fluid [CSF])
 - j. Creatinine
 - k. Electrolytes
 - l. Ethanol

- m. Glucose (blood and CSF)
 - n. Liver-function enzymes (ALT, AST, alkaline phosphatase)
 - o. Methemoglobin
 - p. Osmolality
 - q. Protein (CSF)
 - r. Serum magnesium
 - s. Urea nitrogen
3. Hematology
- a. Cell count and differential (blood, CSF, and joint fluid analysis)
 - b. Coagulation studies
 - c. Erythrocyte sedimentation rate
 - d. Platelet count
 - e. Reticulocyte count
 - f. Sickle cell prep
4. Microbiology
- a. Acid fast smear/staining
 - b. Chlamydia testing
 - c. Counter immune electrophoresis for bacterial identification
 - d. Gram staining and culture/sensitivities
 - e. Herpes testing
 - f. Strep screening
 - g. Viral culture
 - h. Wright stain
5. Other
- a. Hepatitis screening

- b. HIV screening
- c. Prothrombin Time (PT)/International Normalized Ratio (INR), Partial Thromboplastin Time (PTT)
 - i. D-dimer
- d. Joint fluid and CSF analysis
- e. Toxicology screening and drug levels
- f. Urinalysis
- g. Mononucleosis spot
- h. Serology (syphilis, recombinant, immunoassay)
- i. Pregnancy testing (qualitative and quantitative)

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Rule 41.83.14. **Transfer of Unstable Patients from PFED to Acute Care Hospital.** Once the patient is determined to require a higher level of care than can be provided at the PFED, Physician shall immediately contact the designated EMS for transport. If the EMS is based on site the transport team will be notified immediately. The Physician will stabilize the emergency medical condition and determine the transfer destination based on the specialized capabilities of facilities that are offered at local hospitals. If the destination hospital is the affiliated PFED facility all procedures and protocols for acutely ill patients will be implemented before departure from the PFED. Such conditions would include, but not limited to, STEMI, acute ischemic stroke and Cardiac Arrests. All electronic medical records and any diagnostic test results will be transported with the patient to the receiving facility. Goal transport time should be <30 minutes. Should a patient meeting trauma system activation requirements arrive at the PFED the PFED will transfer the patient in accordance with the state Trauma Plan.

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 - m. 12-Lead ECG machine

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.83.9. Trauma and miscellaneous resuscitation shall include:

- 1. Blood salvage/autotransfusion device
- 2. Emergency obstetric instruments and supplies
- 3. Hypothermia thermometer
- 4. Infant warming equipment
- 5. Peritoneal lavage instruments and supplies
- 6. Pneumatic antishock garment, as indicated

7. Spine stabilization equipment to include cervical collars, short and long boards
8. Warming/cooling blanket

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.83.10. **Other Special Rooms.** All items listed for general examination rooms plus:

1. Orthopedic
 - a. Cast cutter
 - b. Cast and splint application supplies and equipment Cast spreader
 - c. Crutches
 - d. Extremity-splinting devices including traction splinting and fixation pins/wires and corresponding instruments and supplies
 - e. Halo traction or Gardner-Wells/Trippe-Wells traction Radiograph view and hot light
 - f. Suture instrument and supplies
 - g. Traction equipment, including hanging weights and finger traps
2. Eye/ENT
 - a. Eye chart
 - b. Ophthalmic tonometry device (applanation, Schiötz, or other)
 - c. Other ophthalmic supplies as indicated, including eye spud, rust ring remover, cobalt blue light
 - d. Slit lamp
 - e. Ear irrigation and cerumen removal equipment
 - f. Epistaxis instrument and supplies, including balloon posterior packs Frazier suction tips
 - g. Headlight
 - h. Laryngoscopic mirror
 - i. Plastic suture instruments and supplies
3. OB-GYN

- a. Fetal Doppler and ultrasound equipment
- b. Obstetrics/Gynecology examination light
- c. Vaginal specula in pediatric through adult sizes
- d. Sexual assault evidence-collection kits (as appropriate)
- e. Suture material

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.83.11. **Required Pharmacological/Therapeutic drugs for PFED.** These classes of drugs and agents are required. The medical director of the PFED, representatives of the medical staff, and the director of the pharmacy shall develop a formulary of specific agents for use in the PFED.

- 1. Analgesics
 - a. narcotic and non-narcotic
- 2. Anesthetics
 - a. topical, infiltrative, general
- 3. Anticonvulsants
- 4. Antidiabetic agents
- 5. Antidotes
- 6. Antihistamines
- 7. Anti-infective agents
 - a. systemic/topical
- 8. Anti-inflammatories
 - a. steroidal/non-steroidal
- 9. Anti-platelets
- 10. Aspirin
- 11. Plavix
- 12. Heparin

- 13. Bicarbonates
- 14. Blood Modifiers
- 15. Anticoagulants to include thrombolytics
- 16. Anticoagulants
- 17. Hemostatics
 - a. systemic
 - b. topical
 - c. plasma expanders/ extenders
- 18. Burn Preparations
- 19. Cardiovascular agents
 - a. Ace inhibitors
 - b. Adernergic blockers
 - c. Adernergic stimulants
 - d. Alpha/Beta blockers
 - e. Antiarrhythmia agents
 - f. Calcium channel blockers
 - g. Digoxin antagonist
 - h. Diuretics
 - i. Vasodilators
 - j. Vasopressors
- 20. Cholinesterase Inhibitors
- 21. Diagnostic agents
 - a. Blood contents
 - b. Stool contents
 - c. Testing for myasthenia gravis

d. Urine contents

22. Electrolytes

a. Cation exchange resin

b. Electrolyte replacements, parenteral and oral

c. Fluid replacement solutions

23. Gastrointestinal agents

a. Antacids

b. Anti-diarrheals

c. Emetics and Anti-emetics

d. Anti-flatulent

e. Anti-spasmodics

f. Bowel evacuants/laxatives

g. Histamine receptor antagonists

h. Proton pump inhibitors

24. Glucose elevating agents

25. Hormonal agents

26. Hypocalcemia and hypercalcemia management agents

27. Lubricants

28. Migraine preparations

29. Muscle relaxants

30. Narcotic antagonist

31. Nasal preparation

32. Ophthalmologic preparations

33. Otic preparations

34. Oxytocics

- 35. Pain Medications
- 36. Psychotherapeutic agents
- 37. Respiratory agents
 - a. Antitussives
 - b. Brochodilators
 - c. Decongestants
 - d. Leukotriene antagonist
- 38. Rho(D) immune globulin
- 39. Salicylates
- 40. Sedatives and Hypnotics
- 41. Thrombolytics
- 42. Vaccinations
- 43. Vitamins and minerals

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.83.12. **RADIOLOGIC, IMAGING, AND OTHER DIAGNOSTIC SERVICES.** The specific services available and the timeliness of availability of these services for emergency patients in PFED should be determined by the medical director of the PFED in collaboration with the directors of the diagnostic services and other appropriate individuals.

- 1. **The following should be readily available 24 hours a day for emergency patients:**
 - a. Standard radiologic studies of bony and soft-tissue structures including, but not limited to:
 - i. Cross-table lateral views of spine with full series to follow
 - ii. Portable chest radiographs for acutely ill patients and for verification of placement of endotracheal tube, central line, or chest tube
 - iii. Soft-tissue views of the neck

- iv. Soft-tissue views of subcutaneous tissues to rule out the presence of foreign body
 - v. Standard chest radiographs, abdominal series, etc
 - b. Pulmonary services
 - i. Arterial blood gas determination
 - ii. Peak flow determination
 - iii. Pulse oximetry
 - c. Fetal monitoring (nonstress test)/uterine monitoring
 - d. Cardiovascular services
 - i. Doppler studies
 - ii. 12-Lead ECGs and rhythm strips
 - e. Emergency ultrasound services for the diagnosis of obstetric/gynecologic, cardiac and hemodynamic problems and other urgent conditions.
2. **The following services shall be available on an urgent basis, provided by staff in the Affiliated Hospital or by staff to be called in to respond within a reasonable period of time:**
- a. Nuclear medicine
 - i. Ventilation-perfusion lungs scans
 - ii. Other scintigraphy for trauma and other conditions
 - b. Radiographic
 - i. Arteriography/venography
 - ii. Computed tomography
 - iii. Dye-contrast studies (intravenous pyelography, gastrointestinal contrast, etc)
 - c. Vascular/flow studies including impedance plethysmography

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.83.13. **REQUIRED LABORATORY CAPABILITIES.** The medical director of the PFED and the director of laboratory services shall develop guidelines for

availability and timeliness of services for the PFED. The following laboratory capabilities are required for the PFED. This list may not be comprehensive or complete.

1. Blood bank

- a. Bank products availability
- b. Type and cross-matching capabilities

2. Chemistry

- a. Ammonia
- b. Amylase
- c. Anticonvulsant and other therapeutic drug levels
- d. Arterial blood gases
- e. Bilirubin (total and direct)
- f. Calcium
- g. Carboxyhemoglobin
- h. Cardiac isoenzymes (including creatine kinase- MB)
- i. Chloride (blood and cerebrospinal fluid [CSF])
- j. Creatinine
- k. Electrolytes
- l. Ethanol
- m. Glucose (blood and CSF)
- n. Liver-function enzymes (ALT, AST, alkaline phosphatase)
- o. Methemoglobin
- p. Osmolality
- q. Protein (CSF)
- r. Serum magnesium
- s. Urea nitrogen

3. Hematology

- a. Cell count and differential (blood, CSF, and joint fluid analysis)
- b. Coagulation studies
- c. Erythrocyte sedimentation rate
- d. Platelet count
- e. Reticulocyte count
- f. Sickle cell prep

4. Microbiology

- a. Acid fast smear/staining
- b. Chlamydia testing
- c. Counter immune electrophoresis for bacterial identification
- d. Gram staining and culture/sensitivities
- e. Herpes testing
- f. Strep screening
- g. Viral culture
- h. Wright stain

5. Other

- a. Hepatitis screening
- b. HIV screening
- c. Prothrombin Time (PT)/International Normalized Ratio (INR), Partial Thromboplastin Time (PTT)
 - ii. D-dimer
- d. Joint fluid and CSF analysis
- e. Toxicology screening and drug levels
- f. Urinalysis

- g. Mononucleosis spot
- h. Serology (syphilis, recombinant, immunoassay)
- i. Pregnancy testing (qualitative and quantitative)

SOURCE: Miss. Code Ann. §41-9-17

Rule 41.83.14. **Transfer of Unstable Patients from PFED to Acute Care Hospital.** Once the patient is determined to require a higher level of care than can be provided at the PFED, Physician shall immediately contact the designated EMS for transport. If the EMS is based on site the transport team will be notified immediately. The Physician will stabilize the emergency medical condition and determine the transfer destination based on the specialized capabilities of facilities that are offered at local hospitals. If the destination hospital is the affiliated PFED facility all procedures and protocols for acutely ill patients will be implemented before departure from the PFED. Such conditions would include, but not limited to, STEMI, acute ischemic stroke and Cardiac Arrests. All electronic medical records and any diagnostic test results will be transported with the patient to the receiving facility. Goal transport time should be <30 minutes. Should a patient meeting trauma system activation requirements arrive at the PFED the PFED will transfer the patient in accordance with the state Trauma Plan.

SOURCE: Miss. Code Ann. §41-9-17