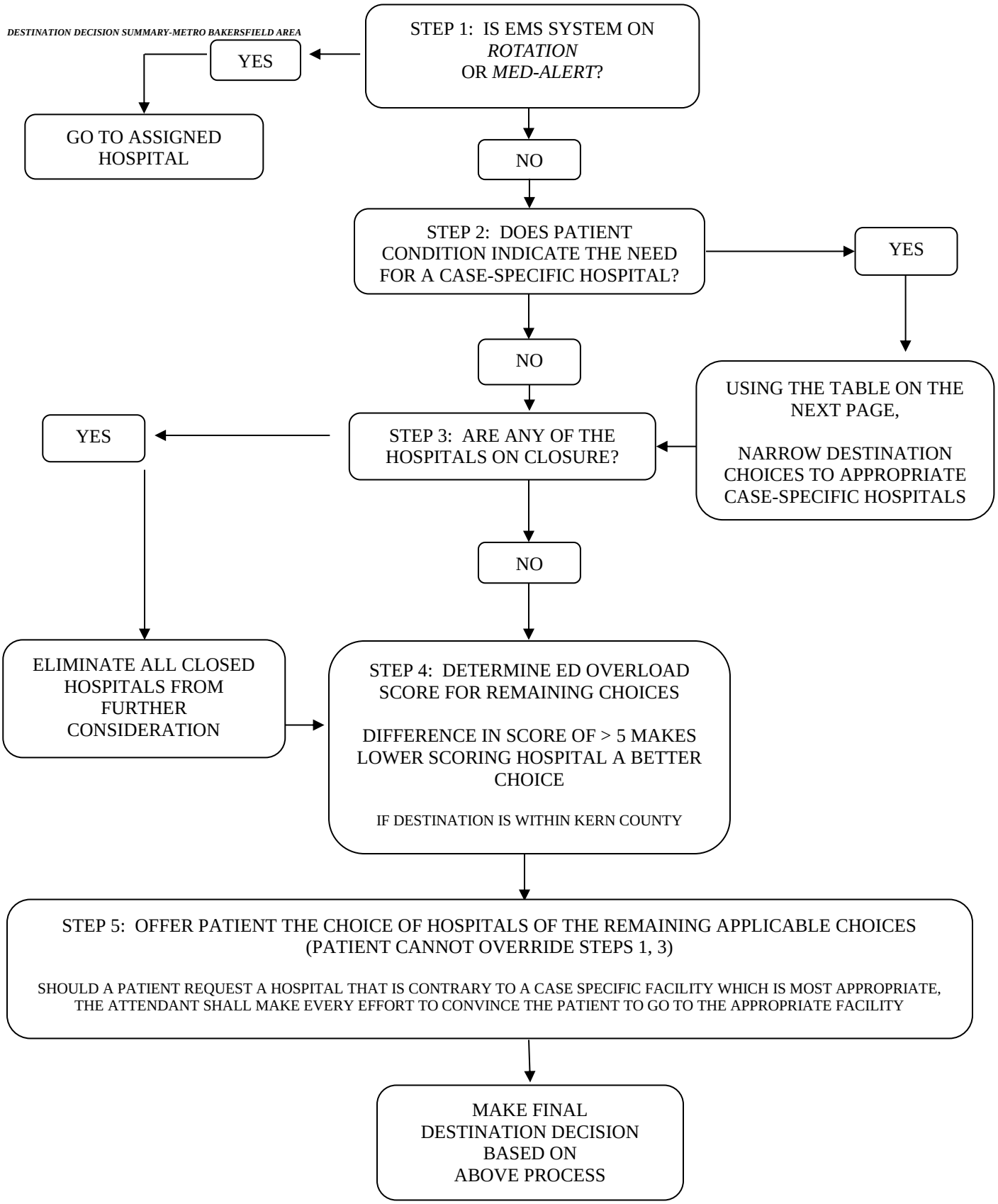
Kern County Emergency Medical Services Department - Paramedic Treatment Protocols		
DESTINATION DECISION SUMMARY		
Policy Number:	Effective Date: **April 10, 2010**	Revision Date: **December 19, 2023**



Hospital destination decision shall be based on "patient choice" and "closest, most appropriate hospital" criteria. The following table provides the case specific information necessary for defining, "most appropriate hospital":

	BMH	**Heart**	**KM**	**Mercy**	**MSW**	**AH-B**	**AH-D**	**KVH**	**AH-T**	**RRH**
Base Station	X	X	X	X	X	X	X			X
Burns	X									
Trauma – Red Tier*			X							
Trauma – Yellow tier*	X	X	X	X	X	X	X	X	X	X
Orthopedic	X		X	X	X	X	X			
Cardiac/ STEMI	X	X				X				
Neonatal	X		X		X	X				
Obstetrical	X		X		X	X				X
Pediatric Emergent Medical***	X		X							
Pediatric Non-Emergent Medical***	X		X			X	X			X
Sexual Assault						X				
Psychiatric w/out other medical condition ruled out	X	X	X	X	X	X	X	X	X	X
Psychiatric with other medical condition ruled out			X							
Stroke	X		X	X	X	X				
Stroke Satellite with Primary Stroke center consult and approval										X
Prison inmate	Contracted facility as directed by prison staff unless unstable or meets specialty care center criteria (i.e. trauma patient)									
Medical extremis	closest open hospital						X	X	X	X
Traumatic Arrest*			X				X	X	X	X
Traumatic unmanageable airway or inability to ventilate*	Closest open hospital									
Any other patient condition	X	X	X	X	X	X	X	X	X	X

* per Trauma Policy

** per Stroke Policy

***per Pediatric Designation Policy

Los Angeles County Destinations	**AVMC**	**PALM REG**	**Henry Mayo**
Trauma- Red Tier*	X		X
Trauma- Yellow Tier*	X		X
Orthopedic	X	X	X
Cardiac/STEMI	X	X	X
Neonatal	X		X
Obstetrical	X		X
Pediatric Emergent Medical***	X		X
Pediatric Non-Emergent Medical***	X		X
Sexual Assault	X		
Psychiatric-Voluntary requesting transport	X	X	X
Stroke	X		X
Prison inmate			
Medical extremis			
Any other patient condition	X	X	X
Traumatic Arrest*	X		
Traumatic unmanageable airway or inability to ventilate*			
* Per Trauma Policy - ** Per Stroke Policy			

SPECIAL CONSIDERATIONS

1. **Conscious Patients**: Conscious, alert, and oriented patients shall have a choice in destination, so long as the requested hospital is a Kern County EMS approved receiving center. (See above table) In the event that a conscious patient is adamant and insists on being transported to a hospital contrary to a case specific hospital which is most appropriate, the attendant shall attempt to obtain a signed AMA and continue appropriate care and transport to the requested hospital. At no time will an ambulance crew advise a patient that they have no choice in their destination hospital with the exception of Med Alert or hospital rotation. If patients have received care recently, they should be encouraged to return to the same facility unless specialty care center criteria dictate otherwise. (i.e. post op patients should ideally return to the same hospital where they had their operation)

    i. Determine System status (i.e. MED Alert, Hospital Rotation)
    ii. Determine need for Case specific hospital (i.e. STEMI, Stroke, Pediatric, Trauma)
    iii. Are any of the hospitals closed to ambulance traffic?
    iv. Has patient recently received care at a specific hospital? (Patient should be encouraged to return to same)
    v. Determine overload score of remaining choices (Score of >5 makes lower scoring hospital better choice)
    vi. Offer conscious patient choice of appropriate hospitals (Patient cannot override steps 1 or 3)
    vii. If patient is demanding to be transported to a hospital that is contrary to appropriate, case specific hospital, attempt to convince patient to agree to be transported to appropriate facility. If patient is adamant, attempt to have patient sign an AMA for refusal to be transported to appropriate facility and transport per patient's request.

2. **Doctor/Physician Assistant/ Nurse Practitioner/ Nurse Choice**: When a patient is under the care of a MD/PA/NP/RN and a specific hospital destination is requested, the attendant shall honor the request so long as the hospital is a Kern County EMS approved receiving center. (See above table)

    - If the patient meets specialty care center criteria which requires transport to a destination other than the requested destination attendant shall contact the specialty care center base station to discuss destination.
    - If an MD/PA/NP/RN requests ambulance transport to a specialty care center or tertiary care facility not included on the Kern County EMS Approved Receiving Center list (see above table), for example a patient with a Left Ventricular Assist Device (LVAD), the following must be considered and thoroughly documented on the patient care report:

i. The specialty care required by the patient is not available at a Kern County EMS Approved Receiving Center
ii. The clinician coordinating the care for the patient is requesting transport to the facility
iii. The clinician confirms acceptance of the patient at the receiving facility
iv. The patient/family/parent(s)/legal guardian/health care proxy/person with power of attorney agrees to requested destination
v. The attending paramedic or EMT is comfortable that all above criteria has been met and after assessing the patient, agrees that the patient condition should tolerate the transport
vi. If transporting to a Kern County EMS non-approved receiving center, transporting crew shall request that dispatch notify EMS duty officer.
vii. All above criteria

3. **Unconscious/Minor Patients:** Determining the destination for unconscious, altered mental status, or minor patients shall include making family, parent(s), legal guardian, health care proxy, or person with power of attorney part of the decision making process, whenever possible and should follow the same processes listed above.

4. **Transporting From A Clinical Setting:** When responding to a clinical facility and an MD/PA/NP/RN requests ambulance transport of a patient to a specialty care center or tertiary care facility not included on the Kern County EMS Approved Receiving Center list (See above table), the following must be considered:
   - The requesting MD/PA/NP/RN has pre-arranged acceptance of the patient at the requested destination hospital
   - The patient condition, as assessed by the physician/representative is deemed to be safe for the transport
   - The patient/family/parent(s)/legal guardian/health care proxy/person with power of attorney agrees to requested destination
   - The attending paramedic or EMT is comfortable that all above criteria has been met and after assessing the patient, agrees that the patient condition should tolerate the transport
   - The ambulance provider can maintain coverage of their respective EOA while the unit transports the patient to the requested destination
   - If transporting to a Kern County EMS non-approved receiving center, transporting crew shall request that dispatch notify EMS duty officer.
   - All above criteria must be clearly documented on PCR

5. **Med-Alert/Multi-Casualty (MCI) Destination:** During a Med-Alert/MCI patients shall be transported to the facilities assigned by the transportation coordinator at scene.

6. **Medical Extremis Criteria:** Extremis criteria shall include any one of the following:
   - Unmanageable airway or respiratory arrest

- Uncontrolled hemorrhage with signs of hypovolemic shock
- Cardiopulmonary arrest
- Unconscious, unresponsive (BLS UNIT ONLY)

7. **Trauma Extremis Criteria:** Trauma extremis criteria shall include any of the following:
   - Traumatic arrest
   - Unmanageable airway or inability to ventilate

8. **Emergent Medical Pediatric Criteria**: Patients that are younger than fourteen (14) years with an emergent medical complaint shall be transported to a Comprehensive or Advanced Pediatric Receiving Center if ground transport time is thirty (30) minutes or less. Ground transport times that are greater than thirty (30) minutes may be transported to the closest, most appropriate receiving hospital. The use of air ambulance transport shall be in accordance with *EMS Aircraft Dispatch-Response-Utilization Policies*. Emergent medical complaints are defined as:
   - Cardiac dysrhythmia
   - Evidence of poor perfusion
   - Severe respiratory distress
   - Cyanosis
   - Persistent altered mental status
   - Status Epilepticus
   - Brief Resolved Unexplained Event in less than one (1) year of age.
9. **Non-emergent Medical Pediatric Criteria:** Patients that are younger than fourteen (14) years with a medical complaint who do not meet trauma, medical extremis or emergent medical criteria shall be transported to any level Pediatric Receiving Center.

10. **Burn Destination Decision Criteria**: When dealing with a patient who has suffered a burn injury, the following will need to be considered for appropriate destination consideration:

    - Patients with Red Tier trauma triage criteria for injuries in addition to burns shall be transported to a Level I or II trauma center in accordance with *Trauma Policies and Procedures.*
    - Patients meeting Yellow Tier trauma triage criteria for injuries in addition to burns should consider consult with a Level I or II trauma center for assistance with destination decision in accordance with Trauma Policies and Procedures.
    - Patients who meet extremis criteria shall be transported in accordance with *Ambulance Destination Decision Policies and Procedures.*
    - With the exceptions stated above, patients should be transported directly to the closest most appropriate Burn Center bypassing other hospitals if:
      1. Partial thickness (2°) or full thickness (3°) burns that are more than ten percent (10%) total body surface area
      2. Partial thickness (2°) or full thickness (3°) circumferential burns of any part

3. Partial thickness (2°) or full thickness (3°) burns to face, hands, feet, major joints, perineum, or genitals.
4. Electrical burns with voltage greater than 120 volts
5. Chemical burns greater than five percent (5%) total body surface area. For transport times to a Burn Center greater than sixty (60) minutes, pre-hospital personnel may consult with a Burn Center for consideration of closest destination.

- Pre-hospital personnel may consider base contact with a Burn Center to assist in destination decision.

11. <u>Turn Over of Patient Care Authority:</u> A paramedic may transfer patient care authority to a BLS transport ambulance, when all the following circumstances exist:

- The BLS ambulance is available within a reasonable time. A reasonable time is defined as the time it would take the ALS crew to transport to hospital or 20 minutes, whichever is less.
- ALS care has not been initiated.
- It has been determined that ALS care is unneeded during transport.
- Patients must be stable with medical complaints that can be cared for at the BLS level.
- ALS assessment tools may be utilized (i.e. ECG 3- and 12 Lead cardiac monitor) in order to fully assess the patient and determine eligibility for turnover to BLS.
- Patient airway maintained without assistance or adjuncts.
- The patient must be hemodynamically stable. Vital signs should be steady and commensurate with the patients' condition.
- The patient must be of their normal mental status and not impaired because of alcohol or substances.
- No mechanism of injury that would warrant a trauma activation.
- No cardiac, respiratory, or neurological complaints that may warrant ALS intervention.
- The EMT must be comfortable with the patients' condition and accept the transfer of care. ALS transporting agencies shall use Tele911 for consult. Non-transporting agencies shall make base contact. If the Tele911 physician communicates that the patient may require ALS services, then the ALS transporting crew shall make base contact to discuss the Tele911 recommendation and form a plan for patient treatment and transport.

<u>Critical Care Transport nurses may turn patients over to paramedics.</u> These patients must not have or require any medications or therapies that are outside of the paramedic's scope of practice.

12. <u>Non-Emergent Patients Meeting Waiting Room Criteria.</u>

1. Non-emergent patients who can go directly to an emergency department walk-in waiting room shall meet all the following criteria:
   - Patients 18 year of age or older
   - Minor accompanied by a responsible adult.
   - Patient can sit unassisted and has reasonable mobility.

- Patient does not have peripheral IV access.
- Patient is not on a 5150 hold or in custody.
- Patient vital signs:

Adults:	Pulse:	50-120 bpm
	Systolic Blood Pressure:	100-180 mm Hg
	Diastolic Blood Pressure:	Less than 120 mm Hg
	Respiratory Rate:	12-30

Pediatrics: Vital signs appropriate for age. (**Refer to Handtevy Mobile App**)

2. If hospital staff decline to sign ePCR to receive the patient, EMS personnel shall document the staff member's name in the narrative and document "refused to sign" in the signature box.

3. Patients who meet all of the criteria can be taken directly to the emergency department walk-in waiting room, bypassing the ambulance entrance used for serious or critically ill patients. MICN approval is not required to place patient in the waiting room if escorted through the public entrance.

13. EMS Equipment and Therapy Status:

1. Cardiac Monitor - If the patient is not being treated under an ALS protocol and the monitor has shown a sinus rhythm or stable pre-existing rhythm (atrial fibrillation, bigeminy, asymptomatic bradycardia), the monitor may be removed from the patient when arriving at hospital. Base contact is not required if the cardiac monitor is discontinued. Patients being treated under an ALS protocol requiring cardiac monitoring shall remain on the cardiac monitor until transfer of care is complete.
2. Oxygen Administration – Prehospital personnel should only administer oxygen when the treatment protocol requires oxygen, or when a patient's pulse oximetry reading is 93 or less. Oxygen should be discontinued on patients when it is not indicated according to protocol. For example, if an ambulance crew arrives on scene where oxygen is initiated by the first responder agency, they shall discontinue the oxygen if not indicated. Oxygen is overused and should only be used on patients as noted in the patient treatment protocols. Frequently, the use of oxygen (when not needed) prevents the patient from being delivered to the waiting room. Base contact is not required if oxygen is discontinued.
3. IVs and Saline Locks – IV access should only be considered in a patient when the treatment protocol requires an IV or there is a reasonable and imminent chance that the patient's condition may deteriorate enroute to the hospital. Similarly, a saline lock should only be initiated in patients who require vascular access based upon the specific treatment protocol. Frequently, the IV or saline lock prevents the patient from being delivered to the waiting room.

When arriving at a hospital, EMS personnel shall not delay the off-load of a patient from the ambulance and patients shall not be held in ambulances. EMS personnel shall obtain transfer of care signature immediately after patient is transferred off the ambulance gurney.