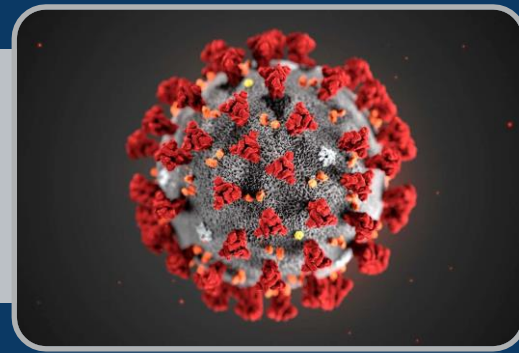


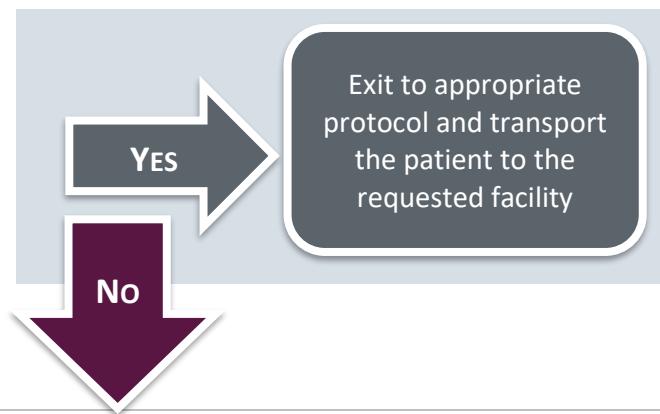
NURSING FACILITY RESIDENT PROTOCOL CHECKLIST



A checklist to determine if the assisted living, skilled nursing facility, or residential rehabilitation patient meets non-transport criteria. Dispose of checklist after use.

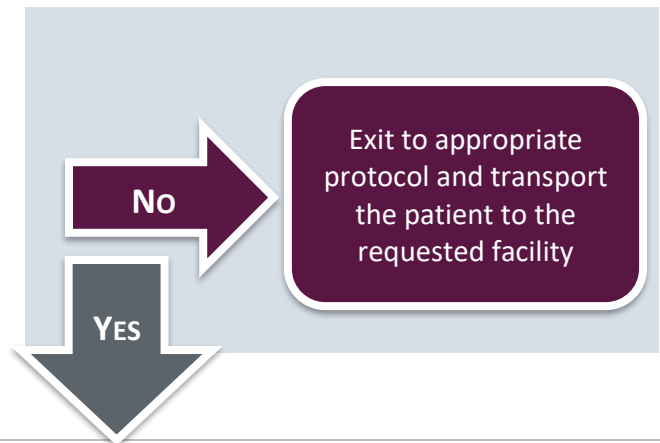
Do ANY OF THE FOLLOWING CONDITIONS EXIST?

- ☐ Severe chest pain
- ☐ Obvious respiratory distress
- ☐ Syncope, altered mental status from baseline, or acute neurological change
- ☐ Significant trauma and/or serious hemorrhage (*trauma or medical cause of bleeding*)



PATIENT ASSESSMENT: DOES THE PATIENT MEET ALL OF THESE FINDINGS?

- ☐ **Respiratory rate:** Between 8 and 20 breaths per minute
- ☐ **Pulse oximetry:** Greater than 90% on room air or nasal cannula
- ☐ **Heart rate:** Greater than 50 bpm. Less than 100 bpm.
- ☐ **Systolic blood pressure:** Greater than 100 mmHg. Less than 180 mmHg.



EMS TRANSPORT IS NOT INDICATED

- ☐ Advise facility's healthcare provider that Area Ambulance's protocol recommends against resident transport to the hospital without medical necessity.
- ☐ If the resident's physician, physician assistant, or nurse practitioner is at bedside and confirms medical necessity exists and requests transport, follow the request. Document name/credentials in report.
- ☐ If resident remains on scene: Provide your assessment findings to healthcare provider and recommend they follow-up with the facility's Medical Director for continued care of the resident.