

eCad.35 - Dispatch Priority (Patient Acuity)

Definition

The actual, apparent, or potential acuity of the patient's condition as determined through information obtained during the EMD process.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Code List

| Code | Description |
|---------|---|
| 2305001 | Priority 1 (Critical) |
| 2305003 | Priority 2 (Emergent) |
| 2305005 | Priority 3 (Lower Acuity) |
| 2305007 | Priority 4 (Non-Acute [e.g. Scheduled Transfer or Standby]) |

Data Element Comment

The use of priority and acuity values vary by EMS agency. Some systems may utilize fewer than four priority levels and some more. The use of four priority levels is to capture the majority and allow for the inclusion of the NHTSA National EMS Core Content definitions for patient acuity, specifically: Critical, Emergent, and Lower Acuity.

For EMS Agencies and CAD / EMD systems utilizing Alpha-Echo, Omega levels for determining the priority level for dispatch of the EMS unit, the recommended mapping is:

| | | |
|--------------------|----------------------|--------------------|
| Echo = Priority 1 | Charlie = Priority 2 | Alpha = Priority 3 |
| Delta = Priority 1 | Bravo = Priority 2 | Omega = Priority 4 |

Priority 1 is typically an emergent (lights and sirens) response

Priority 2 is typically an emergent response without the use lights and sirens

Priority 3 is typically a non-emergent response for nursing home, hospital-to-hospital transfers, etc.

Priority 4 is typically a scheduled response (scheduled transfer) or standby event

Definitions related to ?Critical, Emergent, and Lower Acuity? can be found in the National EMS Core Content document from NHTSA EMS (DOT HS 809-898 July 2005) at <http://www.nhtsa.gov/people/injury/ems/emscorecontent/images/EMSCoreContent.pdf>