918

PATIENT DESTINATION

REVISION: 03/25

(Signature On-file)
David Duncan, EMS Agency Medical Director

PATIENT DESTINATION

PURPOSE:
This policy is intended to assist the paramedic and Base in selecting the appropriate patient destination and mode of transportation.

DEFINITIONS:

Nearest Hospital – The nearest receiving hospital (in minutes) as estimated by the paramedic crew, taking into consideration factors such as traffic and/or road conditions that may affect transport time.

- **No Base contact is required unless orders are needed for continued patient care.**

Nearest Most Appropriate Hospital – The facility that has the best capabilities for a particular patient. (E.g., burns, pediatrics, trauma, PCI, etc.). Bypassing the closest hospital requires Base contact.

Trauma Patient – Meets established trauma triage criteria (ANNEX 3)

POLICY:

All Patients will be transported to the nearest hospital unless:

- Clinical condition warrants alternate destination for best patient care, or;
- Patient requests alternate hospital AND Base authorizes alternate destination.

PROCEDURE:

Destination and mode of transport decisions shall be made in collaboration with the Base.

- Contact Base for patients that desire transport to alternate facility.
- Unstable patients, including victims of cardiac arrest, shall be transported to **the nearest hospital.**
- If unable to establish and maintain an airway, the patient shall be transported to the nearest hospital.
- If the nearest hospital is on diversion or internal disaster, the stable patient shall be transported to the next nearest hospital.
- Certain patients may be accepted by hospitals that are on diversion, including trauma or labor and delivery patients. In these situations, the Base MICN will notify the desired receiving facility and the medic unit crew of the patient's transport destination.
- If specialized care may be needed and is not available at the nearest hospital contact Base for destination.

- The transporting paramedic unit will provide a patient report directly to the receiving facility that includes at minimum: ETA, age, chief complaint, vital signs, significant findings and current treatments as soon as possible. For trauma activations, the transporting paramedic shall also communicate the lowest BP obtained in the prehospital setting.

- In instances of communication failure, the paramedic shall determine destination and mode of transport and make Base contact as soon as possible.

    - A completed EMS Event Report Form regarding communication failure shall be forwarded with a copy of the Patient Care Report to the EMS Agency Medical Director and Base Hospital Coordinator within 24-hours of the incident.

OFFLOAD ALTERNATIVES

- To minimize Ambulance Patient Offload Time (APOT) and ensure maximum system resource availability, the transporting crew may deliver certain demonstrably stable patients directly to the Emergency Department (ED) waiting room. This alternative will be exercised only when:

    1. The patient and/or patient's guardian (where applicable) meet all qualifying criteria outlined in 'Direct to Waiting Room' (ANNEX 1), and,

    2. The patient and/or patient's guardian (where applicable) meet none of the disqualifying criteria outlined in (ANNEX 1), and,

    3. The offloading process (including use of approved entrances and exits) can commence in accordance with the requirements of the receiving facility.

        a. Any facility requirements of this type should be communicated by receiving facility explicitly to EDCEMSA, as well as any EMS provider agencies in the pertinent service area.

- Crews delivering patients to the ED waiting room shall document the noted criteria in the designated fields on the 'destination info' screen of the ePCR.

TRAUMA PATIENTS:

- On-scene time for trauma patients should be limited to < 10 minutes. Document any circumstances that delay scene time beyond 10 minutes.

- A "Trauma Alert" advisory for patients meeting trauma triage criteria (ANNEX 2) shall be made to the Base, and/or the trauma destination hospital, by the responding medic unit as soon as possible.

- Trauma criteria used to determine destination will be documented in the PCR.

- For a mass casualty/disaster event the MCI plan takes priority over this policy

Contact Base for any situations encountered that are not addressed in this policy or as needed.

ANNEX 1

DIRECT TO WAITING ROOM

The below criteria for direct delivery to the ED waiting room shall apply in cases where Ambulance Patient Offload Time (APOT) jeopardizes EMS system status and/or the receiving facility cannot perform a timely patient intake.

Patient Criteria

Qualifying	Disqualifying
• Responsible adult or minor accompanied by a parent or guardian*. • Normal mentation and communication capacity (GCS=15) with clear speech. • Balance and strength to maintain seated position. • Normotensive: SBP: ≥ 100 mmHg and ≤ 200 mmHg DBP: < 120 mmHg *…or documented, age-appropriate baseline for patient.* • Heart rate: ≥ 50 and ≤ 110 • Respiratory rate: >10 and < 20 non-labored • SpO_2: ≥ 95% on room air • Blood Glucose: > 80 mg/dL without EMS intervention.	• Cardiac monitoring. • IV in place. • Any pre-hospital medication administration, regardless of delivery method or provider credentials (includes glucose and naloxone). • Any trauma triage criteria (ANNEX 2). • Spinal motion restriction (SMR) • Preceding syncope, ALOC or BRUE. • Chest pain or ACS symptoms • Positive or inconclusive pre-hospital stroke screen. • Acute psychiatric complaint, including but not limited to, violent or agitated affect, suicidal or homicidal expression, or any situation indicating potential need for physical or chemical restraint. • In custody of law enforcement.

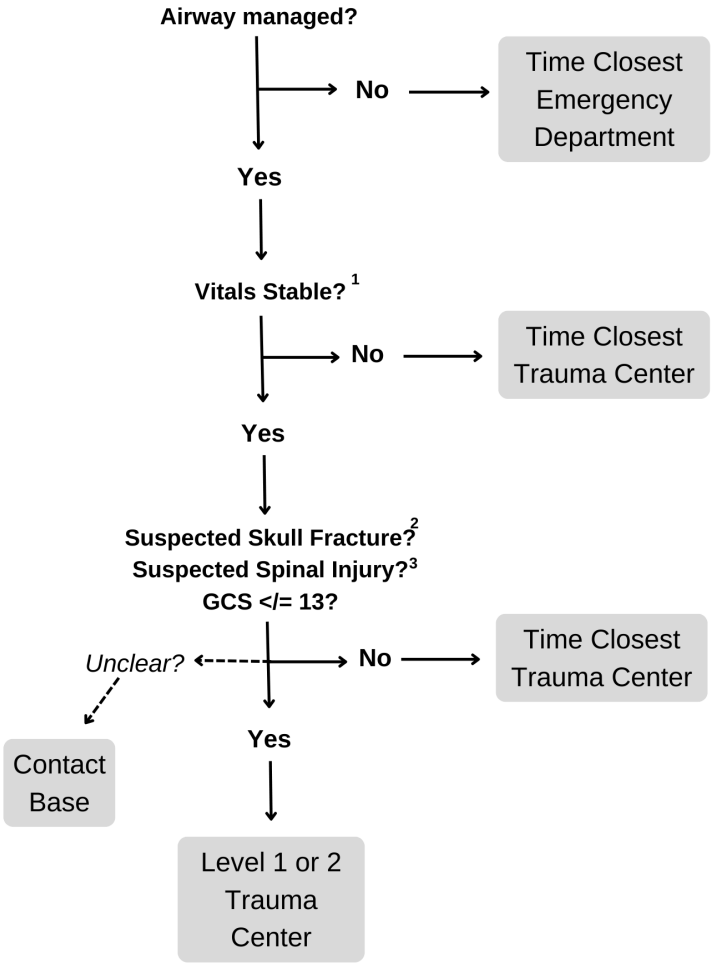
***Guardian Criteria**

In instances of a minor or conserved adult accompanied by a legal guardian, the guardian must:

- Be oriented to person, place and time, and,
- Demonstrate unimpeded decision-making capacity, and,
- Not be under the influence of drugs, alcohol or any intoxicating substance.

ANNEX 2

TRAUMA DESTINATION ALGORITHM



Unstable Vitals[1]	Skull Fracture[2]	Spinal Injury[3]
• Respiratory distress, • RR < 10 or > 29 /min, • Room-air pulse ox < 90% • Unable to Follow Commands (motor GCS < 6) <u>Age 0–9 years</u> • SBP < 70mm Hg + (2 x age in years) <u>Age 10–64 years</u> • SBP < 90 mmHg or • HR > SBP (shock index >1) <u>Age ≥ 65 years</u> • SBP < 110 mmHg or • HR > SBP (shock index >1)	• Skull Deformity	• New Sensory Function Loss • New Motor Function Loss

This algorithm is based on the 2021 American College of Surgeons National Guidelines for the Field Triage of Injured Patients (**ANNEX 3**)

ANNEX 3

RED CRITERIA
High Risk for Serious Injury

Injury Patterns	Mental Status & Vital Signs
• Penetrating injuries to head, neck, torso, and proximal extremities • Skull deformity, suspected skull fracture • Suspected spinal injury with new motor or sensory loss • Chest wall instability, deformity, or suspected flail chest • Suspected pelvic fracture • Suspected fracture of two or more proximal long bones • Crushed, degloved, mangled, or pulseless extremity • Amputation proximal to wrist or ankle • Active bleeding requiring a tourniquet or wound packing with continuous pressure	**All Patients** • Unable to follow commands (motor GCS < 6) • RR < 10 or > 29 breaths/min • Respiratory distress or need for respiratory support • Room-air pulse oximetry < 90% **Age 0–9 years** • SBP < 70mm Hg + (2 x age in years) **Age 10–64 years** • SBP < 90 mmHg or • HR > SBP **Age ≥ 65 years** • SBP < 110 mmHg or • HR > SBP

YELLOW CRITERIA
Moderate Risk for Serious Injury

Mechanism of Injury	EMS Judgment
• High-Risk Auto Crash – Partial or complete ejection – Significant intrusion (including roof) • >12 inches occupant site OR • >18 inches any site OR • Need for extrication for entrapped patient – Death in passenger compartment – Child (age 0–9 years) unrestrained or in unsecured child safety seat – Vehicle telemetry data consistent with severe injury • Rider separated from transport vehicle with significant impact (eg, motorcycle, ATV, horse, etc.) • Pedestrian/bicycle rider thrown, run over, or with significant impact • Fall from height > 10 feet (all ages)	**Consider risk factors, including:** • Low-level falls in young children (age ≤ 5 years) or older adults (age ≥ 65 years) with significant head impact • Anticoagulant use • Suspicion of child abuse • Special, high-resource healthcare needs • Pregnancy > 20 weeks • Burns in conjunction with trauma • Children should be triaged preferentially to pediatric capable centers **If concerned, take to a trauma center**

Patients meeting any one of the YELLOW CRITERIA WHO DO NOT MEET RED CRITERIA should be preferentially transported to a trauma center, as available within the geographic constraints of the regional trauma system (need not be the highest-level trauma center)