EL DORADO COUNTY EMS AGENCY
FIELD POLICIES

Effective: July 2012 EMS Agency Medical Director
Reviewed: July 2021
Revised: September 2022
Scope: ALS

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 or aeromedical crew, taking into consideration factors such as traffic, weather 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 nearest receiving hospital (in minutes) with the most appropriate 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. **See Trauma Triage Algorithm on page 3.**

POLICY:

All Patients will be transported to the nearest hospital unless:

- Clinical condition or specific time sensitive emergency 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, such as labor and delivery, CPR or failed airway cases. 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 consists of: ETA, age, chief complaint, vital signs, significant findings and current treatments. The Base uses data available regarding hospital resources to make destination decisions and may override standard guidelines when deemed best for patient care.

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

    - A completed EMS Event Analysis Form 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

- In order 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. Inordinate APOT at the receiving facility coincides with a critical reduction in available ALS transport resources in the service area.

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

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

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

    5. Crews are able to verbally confirm their arrival and advise the receiving facility of the patient's disposition.

TRAUMA PATIENTS:

- A "Trauma Pre-Alert" advisory for patient meeting trauma triage criteria (ANNEX 2) shall be made to the Base by the responding medic unit.

- 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

Alternative Offload Criteria

The below qualifying and disqualifying criteria for direct delivery to the ED waiting room shall apply in cases where Ambulance Patient Offload Time (APOT) is expected to be greater than 30 minutes and jeopardizes EMS system status. Crews are encouraged to communicate the patient's appropriateness for alternative offload during their call-in.

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 anatomic or mechanism-based 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 TRIAGE ALGORITHM

DECLARE TRAUMA ALERT

PHYSIOLOGIC CRITERIA		
UNCONTROLLED AIRWAY **RAPIDLY DETERIORATING**	**Yes** →	**TRANSPORT TO NEAREST ER** **Consider Base contact to bypass nearest ED and transport to trauma center**
NO ↓		
SIGNIFICANT HEAD INJURY **GCS 13 OR LESS** **PARALYSIS**	**Yes** →	**TRANSPORT TO NEAREST LEVEL I OR II TRAUMA CENTER**
NO ↓		
SBP < 100 **SBP < 110 OVER AGE 65** **RESPIRATORY DISTRESS**	**Yes** →	**TRANSPORT TO NEAREST APPROPRIATE TRAUMA CENTER**
ANATOMIC CRITERIA		
All Penetrating injuries to head, neck, torso, and extremities proximal to elbow and knee **Chest** wall instability, Flail chest Two or more proximal **Long-bone fractures** **Crushed, degloved**, or mangled extremity **Amputation** proximal to wrist and ankle **Pelvic** fractures	**YES** →	**TRANSPORT TO NEAREST APPROPRIATE TRAUMA CENTER**
MECHANISM OF INJURY		
FALLS: Adults - > 20 feet (One story = 10 feet) Children - > 10 feet or 2-3 times child's height **HIGH-RISK AUTO CRASH:** Intrusion, including roof - occupant site >12", any site >18" Ejection, partial or complete Death in same passenger compartment **AUTO VS PED/BICYCLIST:** Thrown, run over or with significant impact **MOTORCYCLE CRASH:** > 20 MPH **SPORTING ACCIDENTS:** Sustaining Significant Impact including: Equestrian, Bicycle, Boating, Skiing/Snowboarding or Skateboarding	**YES** →	**TRANSPORT TO NEAREST APPROPRIATE TRAUMA CENTER**
SPECIAL CONSIDERATIONS		
OLDER ADULTS Risk of injury or death increases after age 55 Low impact mechanism may result in severe injury (i.e. ground level falls) **CHILDREN** – Should be triaged preferentially to a Peds Trauma Center **ANTICOAGULANT & BLEEDING DISORDERS** Patients with Head Injury are at high risk for rapid deterioration **PREGNANCY > 20 WEEKS** **SIGNIFICANT BURNS** **EMS PROVIDER JUDGEMENT**	**YES** →	**CONSULT WITH BASE HOSPITAL MEDICAL CONTROL**