3.3.3.1 Destination Guidelines

	YOUR ORGANIZATION STANDARD OPERATING PROCEDURES/GUIDELINES
TITLE: Destination Guidelines	**SECTION/TOPIC:** Patient Disposition and Transportation
NUMBER: 3.3.3.1	**ISSUE DATE:**
	REVISED DATE:
PREPARED BY: X Preparer	**APPROVED BY:** X Approver
These SOPs/SOGs are based on FEMA guidelines FA-197	

1.0 POLICY REFERENCE

CFR	
NFPA	
NIMS	

2.0 PURPOSE

This standard operating procedure/guideline addresses criteria for triage of pre-hospital EMS patients to specific destinations.

To define medical control options for all members.

3.0 SCOPE

This SOP/SOG pertains to all personnel in this organization.

4.0 DEFINITIONS

These definitions are pertinent to this SOP/SOG.

5.0 PROCEDURES/GUIDELINES & INFORMATION

5.1 <u>Criteria for Triage of Pre-Hospital EMS Patients to Specific Destinations</u>:

MEDICAL CONTROL OPTIONS

Medical Direction - All City Fire Department members certified and working as Emergency Medical Technicians or Paramedics are under the medical direction of City Hospital.

On Line Medical Control - On any medical incident, any member of the department may radio or call the patch phone at TSL and request medical direction. Members requesting orders for ALS procedures must receive those orders from a physician. Members should document a medical patch in accordance with xx.

Off Line Medical Control - On certain medical incidents, ALS members may initiate ALS treatment without on line medical control through the use of standing orders as defined below. ALS members who initiate off line care have the following options:

STABLE PATIENTS

- Courtesy Notification with the receiving emergency medical facility
- Courtesy Notification with City Hospital
- Patch with. City Hospital

UNSTABLE PATIENTS

- Patch with City Hospital

EXCEPTIONS

Trauma

- Courtesy Notification with the receiving trauma center
- Courtesy Notification with City Hospital

Unable to Contact City Hospital

- Patch with City Hospital2

Stable Patients are defined as: *(Requires a minimum of a Courtesy Notification)*

Any patient with a single or well defined chief complaint(s), that after initial intervention is:

- Without neurological, respiratory and/or cardiovascular compromise
- Responding favorably to initial treatment (i.e., resolving or improving the signs and symptoms).

Criteria for ALS stable situations may include:

1. Level of Consciousness
    - conscious, A & O x 4 (with consideration of pre-existing conditions)
    - non-traumatic altered mental status after treatment without impending central herniation
    - GCS maintained at greater than or equal to 8, with stable vital signs

2. Respirations
    - normal range for the age group
    - no abnormal sounds (with consideration for pre-existing conditions)

3. Heart Rate
    - normal range for the age group
    - no irregularities (with consideration for pre-existing conditions)

4. Blood Pressure – normal range for the age group
    - 90 systolic and <180 systolic (with consideration for pre-existing conditions)
        1. No uncontrolled Bleeding
        2. Relief or Improvement of Chest Pain
    - less than or equal to 3 on a 10 scale

Unstable patients are defined as – (*Requires a Patch*)
Any patient with a single, multiple system, or complex chief complaint with or without hemodynamic compromise, that does not respond favorably to initial treatment.

Criteria for ALS unstable situations may include:

1. Altered Level of Consciousness
    1. adult, non-traumatic, abnormal vital signs and/or signs and symptoms of central herniation
    2. pediatric, all causes other than resolving postictal signs and symptoms

3. Abnormal Blood Pressure, Heart Rate, or Respirations causing Hemodynamic Compromise
4. Consent Problems
5. Uncertain Triage Decisions
6. Any time the member feels unsure of patient stability
7. Termination of Resuscitation
8. All ALS refusals require a patch.
9. Use of calcium chloride, dopamine, sodium bicarbonate, magnesium sulfate (for OB) and verapamil require a patch.

PATCH

A patch is defined as direct or indirect on-line medical direction with the base facility. The base facility for the City Fire Department is City Hospital.

COURTESY NOTIFICATION

A courtesy notification is defined as contact with a receiving facility prior to arrival. Courtesy notification differs from a patch in that a courtesy notification is not a request for medical control. When contacting the receiving emergency medical facility to deliver a courtesy notification, the following information should be given:

- Your name, unit and your base hospital
- The patient's name, age, sex, chief complaint, vital signs, and pertinent findings
- Interventions performed and the patient's response
- The estimated time of arrival at the receiving emergency medical facility

Abbreviated Courtesy Notification

Medical codes and unstable immediate patients may require the full attention of members and therefore make standard patching or courtesy notification difficult. In order to concentrate efforts on administering patient care and allow the receiving emergency medical facilities time to prepare for patient delivery, an abbreviated courtesy notification may be made with the receiving emergency medical facility, rather than a patch, in the following situations:

- Appropriate treatment is covered under the existing protocols / standing orders
- No questions exist from the paramedic prehospital providers regarding patient care
- No additional medical direction is necessary in the paramedic prehospital provider's judgment

Information included in the abbreviated courtesy notification when possible should include:

- The patient age, sex, and condition
- Interventions performed and the patient’s response
- The estimated time of arrival at the receiving emergency medical facility