EL DORADO COUNTY EMS AGENCY
FIELD POLICIES

EMS Agency Medical Director

Effective: July 2012
Reviewed: July 2015
Revised: July, 2017, 2019

PATIENT DESTINATION

PURPOSE:
This policy is intended to assist the paramedic and the base station in selecting the appropriate destination and mode of transportation for Trauma and Non Trauma patients.

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 station contact.

Trauma Patient – Meets established trauma criteria. **See Trauma Triage Algorithm on page 3.**

POLICY:

All Patients will be transported to the nearest hospital. Destination and mode of transport decisions shall be made in collaboration with the base station hospital.

- Contact the Base Hospital for patients that desire transport to another facility of their choice.
- Unstable patients including cardiac arrest shall be transported to **the nearest most appropriate hospital.**
- If unable to establish and maintain an airway, the patient will be transported to the nearest hospital for definitive airway management.
- 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 cases. In these situations, the Base Hospital MICN will notify the desired receiving facility and the medic unit crew of the patients transport disposition.
- If specialized care may be needed and is not available at the nearest hospital consult the base station, e.g., CT scan out of service.
- The Transporting medic 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 station may override these guidelines when a hospital is unable to meet resource standards or application of these standards would unnecessarily delay definitive medical or surgical treatment or specialty care.
- For communication failure, the paramedic will determine destination and mode of transport. Base Station Contact will then be made as soon as within range. A completed EMS Event Analysis Form shall be forward with a copy of the Patient Care Report to the EMS Agency Medical Director and Base Hospital Coordinator within 24-hours of the incident.

TRAUMA PATIENTS:

- A "Trauma Pre-Alert" advisory for patient with potential trauma criteria shall be made to the Base Hospital by the responding medic unit.
- The Critical Trauma Report Form shall be sent via electronic or hard copy to the Trauma Coordinator at the paramedic's respective base hospital within twenty-four (24) hours for all patients entered into the trauma system.
- Trauma criteria used to determine destination will be documented in the PCR.
- For a mass casualty/disaster event the MCI plan take precedence over these guidelines.

Contact the base station for any situations encountered that are not addressed in this policy.

TRAUMA TRIAGE ALGORITHM

DECLARE TRAUMA ALERT

PHYSIOLOGIC CRITERIA		
UNCONTROLLED AIRWAY **RAPIDLY DETERIORATING**	**Yes** →	**TRANSPORT TO NEAREST ER** **Consider Base contact to bypass nearest ER 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**