

# TRINITY EMS TRIAGE AND DESTINATION PLAN



Approved by EMS Medical Director

Transport to Licensed Mental Health  
Detox location # 7 - 05

**Purpose:**

Hold for destination Plan for Mental Health and Detox

TRIAGE AND DESTINATION PROTOCOL # 7 - 05

# TRINITY EMS TRIAGE AND DESTINATION PLAN



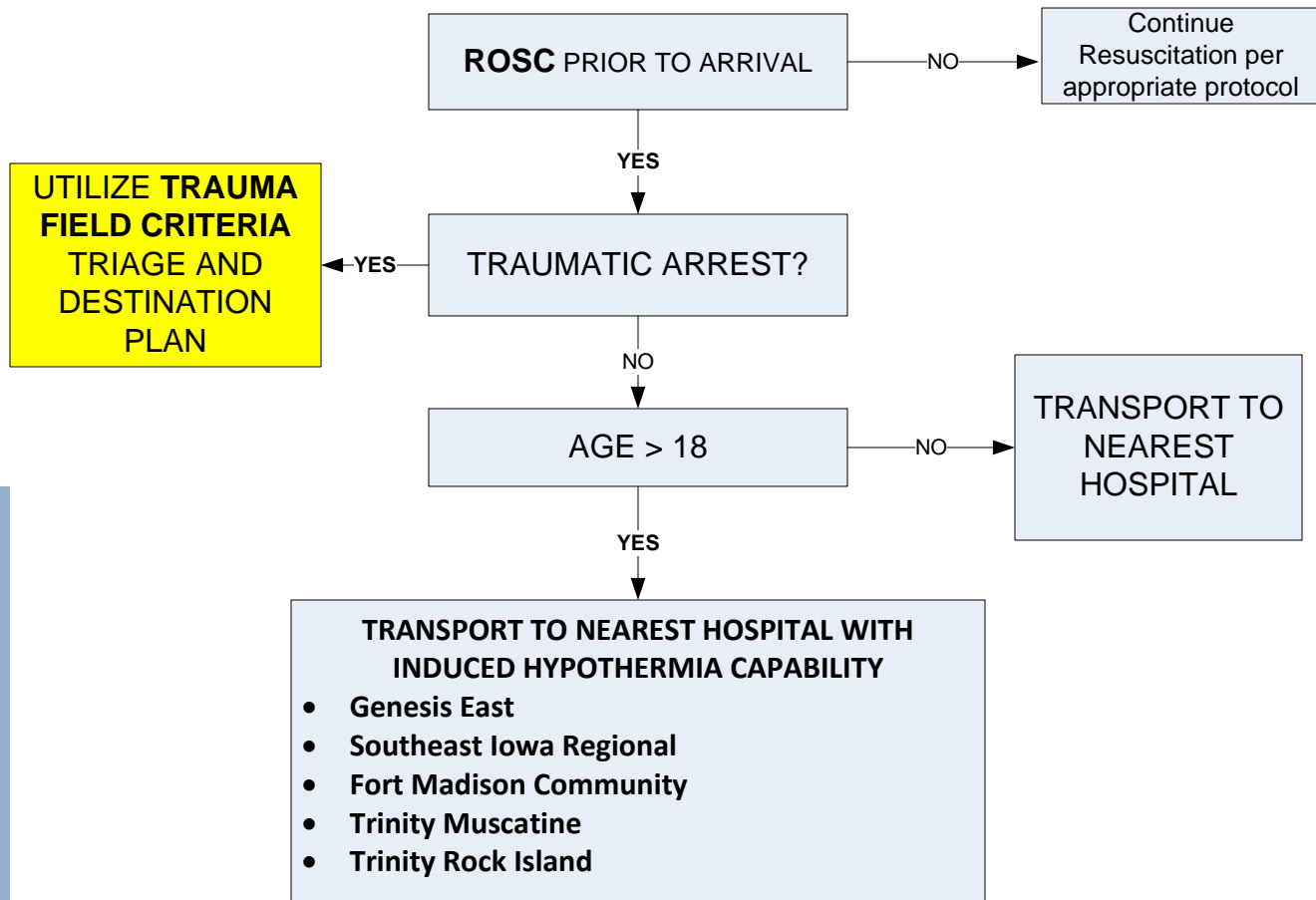
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## ROSC/ POST- RESUSCITATION DESTINATION PROTOCOL # 7 - 01

The purpose of this plan is to direct transport of post-cardiac arrest patients to the most appropriate facilities with capabilities to most appropriately handle their care.

### ROSC/ POST – RESUSCITATION PATIENTS:

- CARDIAC ARREST IN THE FIELD
- RESUSCITATION BY EMS RESPONDERS
- ROSC PRIOR TO ARRIVAL



### PEARLS

- ✓ Contact Medical Control early and notify them of triage and destination plan
- ✓ If transport times are greater than 30 minutes, proceed to the closest hospital
- ✓ In situations with Re-arrest, proceed to the closest hospital

# TRINITY EMS TRIAGE AND DESTINATION PLAN



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## STEMI ALERT DESTINATION PROTOCOL # 7 - 02

TRiage AND DESTINATION PROTOCOL # 7 - 02

The purpose of this plan is to:

- Rapidly identify STEMI patients prehospital through 12 lead EKG transmission
- Minimize time to reperfusion through primary Percutaneous Coronary Intervention (PCI)
- Rapidly determine the best hospital destinations based on predicted transport times to PCI hospitals
- Early activation of the hospital personnel and cath labs prior to patient arrival

### Definition of a STEMI Patient:

#### *ST Elevation Myocardial Infarction*

- Cardiac symptoms consistent with MI less than 12 hours duration  
And
- 12 lead EKG criteria of >1mm of ST elevation in 2 or more contiguous leads  
Or
  - New LBBB

**Medical Control Confirmation of STEMI Patient**  
Following 12 lead EKG Transmission



**EARLY STEMI NOTIFICATION/ACTIVATION  
OF NEAREST 24/7 PCI CAPABLE HOSPITAL**  
GENESIS ILLINI  
GENESIS EAST  
SOUTHEAST IOWA REGIONAL  
UIHC  
TRINITY BETTENDORF  
TRINITY ROCK ISLAND

### PEARLS

- ✓ Minimize scene times to less than 15 minutes with 12 lead transmission
- ✓ Notify Medical Control of STEMI Destination plan to bypass closer non-PCI hospitals
- ✓ Proceed to nearest hospital if predicted transport time exceeds 30 minutes
- ✓ Patient preference may override destination plans, but informed consent and AMA form should be completed for delays in treatment to non-PCI center destinations

# TRINITY EMS TRIAGE AND DESTINATION PLAN

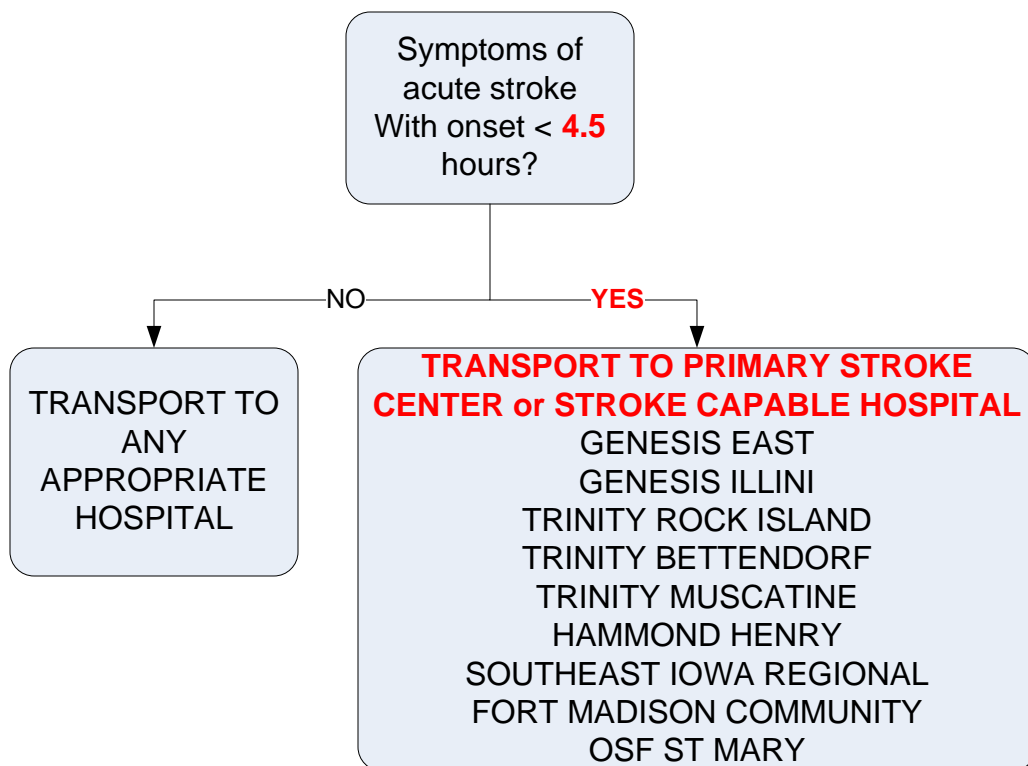


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## SUSPECTED STROKE DESTINATION PROTOCOL # 7 - 03

The purpose of the stroke destination plan is to:

- Rapidly identify **acute stroke patients** who present to EMS or utilize 911
- Rapidly apply the **stroke screening tool** utilized by the EMS system
- Attempt to identify the **time of onset** of symptoms or time Last Known Normal(LKN)
- Identify patients potentially eligible for thrombolytic treatment within the **4.5 hour** treatment window
- Rapidly transport to the most appropriate facility for care



### PEARLS

- ✓ Primary Stroke Centers are certified by the Joint Commission and are able to provide 24/7 CT capabilities, identify acute stroke patients, administer thrombolytics, and provide care for stroke patients
- ✓ Minimize scene times to less than 10 minutes
- ✓ Destination plan should be utilized for transport times predicted to be less than 30 minutes, otherwise proceed to closest hospital
- ✓ Patient preference may override destination plans, but informed consent and AMA form should be completed for delays in treatment to alternate destinations

TRIAGE AND DESTINATION PROTOCOL # 7 - 03

# TRINITY EMS TRIAGE AND DESTINATION PLAN



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## TRAUMA FIELD CRITERIA DESTINATION PROTOCOL # 7 - 04

### EMS PRE-HOSPITAL LEVEL I TRAUMA

Patients who are determined to have the following shall be classified in the field:

- Sustained Hypotension/ SBP <90 (Peds <80 SBP) on two consecutive measurements five minutes apart
- Cavity Penetration of the Neck or Torso
- Any other patient as deemed by Medical Control

### CATEGORY I TRAUMA ALERT

Blunt or penetrating trauma with unstable vital signs and/or hemodynamic compromise as evidenced by

- BP systolic <90 adult, BP systolic <80 pediatric
- Respiratory compromise as evidenced by Respiratory Rate <10 or > 29
- Altered mentation as evidenced by GCS ≤ 10
- Penetrating injury of head, neck, torso, or groin (think T-shirt and Boxers)
- Two or more body regions with potential life or limb threat
- Combination trauma with 20% TBSA burn
- Amputation above wrist or ankle
- Limb paralysis and/or sensory deficit above the wrist and ankle
- Flail chest
- Two or more proximal long bone fractures

### CATEGORY II TRAUMA ALERT

- Ejection from motor vehicle
- Death in same passenger compartment
- Falls >20 feet adult
- Pediatric falls > 3 times body length
- Rollover
- High speed auto crash – initial speed > 40 mph
- Motorcycle crash > 20 mph and/or ejection from the bike
- Extrication time > 20 minutes
- Major auto deformity > 20" or Intrusion into passenger compartment > 12"
- Motor vehicle vs pedestrian or bicyclist struck > 20 mph
- Pedestrian thrown or run over

### SPECIAL CONSIDERATIONS/RISK FACTORS

- Pregnancy > 20 weeks
- Patient >65 years of age with multisystem or high energy MOI
- Anticoagulation and bleeding disorders
- Provider judgment

### Trauma Centers:

Illinois (Level II):

Genesis Illini  
Trinity Rock Island

### PEARLS

- ✓ For Category I patients, transport to nearest Level I/II Trauma Center and consider Air transport early if deemed most appropriate
- ✓ If transport > 30 minutes to Level I/II for category I patients, transport to nearest hospital

TRIAGE AND DESTINATION PROTOCOL # 7 - 04

# TRINITY EMS TRIAGE AND DESTINATION PLAN



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Transport to Urgent Care or  
Immediate Care Facilities # 7 - 06

## Purpose:

Hold for destination Plan for Urgent and Immediate care facilities

TRIAGE AND DESTINATION PROTOCOL # 7 - 06