

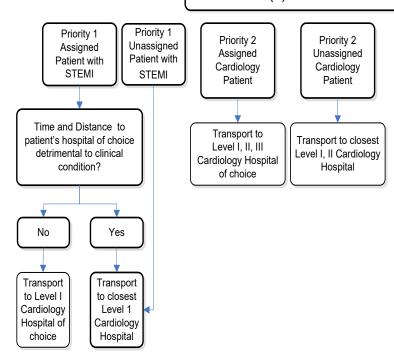
Draft for Review and Action 9/6/23, Effective 12/1/23, replaces all prior versions PROTOCOL 17A: Destination Determination – Adult General Medical Patients

Adult General Medical Patients **Destination Determination** Four (4) Levels of General Medical Hospitals Priority I and II **Priority III** Unassigned Assigned Assigned Unassigned **Eastern Division Eastern Division** Transport to Level Will time and distance to the hospital of Saint Francis Hospital Saint Francis Hospital , Level II, III, or IV choice be detrimental to the patient's Saint Francis South General Medical Hillcrest Hospital South condition? Hillcrest Hospital South (Transported to SFH or Hospital of (Transported to SFH, HHS if S. of 41st Street patient's choice SFS or HHS if S. of 41st & SE of I-44, by hospital Street & SE of I-44, by rotation) hospital rotation) Yes St. John Medical Center St. John Medical Center Hillcrest Medical Center Hillcrest Medical Center OSUMO **OSUMC** (Transported to SJMC, (Transported to SJMC, HMC or OSUMC if N. of HMC or OSUMC if N. of Transport to Level I, Level II 41st Street & NW of I-44, 41st Street & NW of I-44, or III General Medical by hospital rotation) by hospital rotation) Hospital of patient's choice Western Division Western Division Transport to closest Transport to closest appropriate Level I or Level II appropriate Level I or Level II General Medical Hospital, General Medical Hospital, (whichever is closer) (whichever is closer) At the discretion of the General Medical Hospitals paramedic Level IV General Transport to closest Level I and II General Medical Hospitals . Medical Hospitals may receive appropriate Level 1 or **Emergency Medical Services and Operative** assigned Priority General Level II General Medical Patients Procedures Medical Hospital Organized Emergency Department Physician/Nursing Staff with specialties in emergency care on-site 24 hours a day General Surgery/Anesthesiology Services on-site or on-call 24 hours a day Pre - Hospital Triage Criteria Additional clinical services/specialties promptly Priority I Adult General Medical Patient available Patient's condition requires immediate intervention Nuclear diagnostic imaging by physician and nursing personnel upon arrival at Endocrinology the Emergency Department Hematology Critical Medical Problems with unstable vitals Oncology signs Level III General Medical Hospitals Patient with unstable vital signs and / or Emergency Medical Services and Operative requiring critical procedures to save life Procedures Patient with time sensitive conditions Organized Emergency Department ☐ Priority II Adult General Medical Patient Physician/Nursing Staff with specialties in Patient's condition requires emergent medical emergency care on-site 24 hours a day intervention by physician and nursing personnel General Surgery/Anesthesiology Services on-site upon arrival at the Emergency Department. Priority Il patients have potential time sensitive problems, Level IV General Medical Hospitals are currently stable but at risk for sudden Emergency Medical Services twenty-four (24) deterioration hours a day with at least: Acute Medical Problems with stable vital signs Mid-level practitioner Priority III Adult General Medical Patient Patient without acute medical problems i.e., no LPN or immediate life / organ threatening emergency Paramedic or Intermediate Level EMT



Draft for Review and Action 9/6/23, Effective 12/1/23, replaces all prior versions PROTOCOL 17A: Destination Determination – Adult Cardiology Patients

Adult Cardiology Patients
Destination Determination
ST – Elevation Myocardial Infarction Patients
Three (3) Levels of Cardiology Hospitals



#### Cardiology Hospitals

#### Level I Cardiology Hospitals (PCI-Capable Hospital)

- ☐ Emergency Medical Services and Operative Procedures
- Physician/Nursing Staff trained in cardiac care 24 hours a day
- Capability of providing
  - ✓ Immediate diagnostic angiography
  - ✓ Reperfustion therapy by thrombolysis
  - ✓ Percutaneous coronary intervention
  - ✓ Coronary artery bypass graft
  - ✓ Capabilities of receiving 12 lead prehospital ECG

### Level II Cardiology Hospitals (Non- PCI Hospital)

- ☐ Emergency Medical Services with an organized Emergency Department
- Physician/Nursing Staff trained in cardiac care 24 hours a day
- ☐ Capability of providing
  - ✓ Reperfusion therapy by thrombolysis

### Level III Cardiology Hospital (Non-PCI Hospital)

- Emergency Medical Services twenty-four (24) hours a day with at least:
  - ✓ Mid-level practitioner
  - √ RN
  - ✓ LPN or
  - ✓ Paramedic or Intermediate Level EMT
- ☐ Level III Cardiology Hospitals may **ONLY** receive:
  - ✓ Assigned Priority II cardiac patients

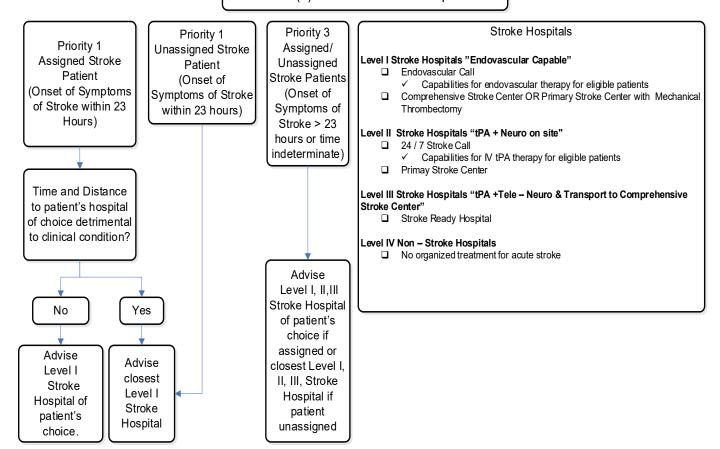
#### **Definition of Adult Cardiology Patient**

- Priority I Adult Cardiology Patient
  - Examples:
    - ✓ Unstable Angina
    - ✓ Acute myocardial infarction / STEMI
    - Any complex of signs and symptoms consistent with acute coronary syndrome and cardiac decompensation, i.e., pulmonary edema, symptomatic cardiac dysrhythmia
- Priority II Adult Cardiology Patient
  - Example:
    - ✓ Cardiac patients with pre-existing condition requiring evaluation only



Draft for Review and Action 9/6/23, Effective 12/1/23, replaces all prior versions **PROTOCOL 17A: Destination Determination – Adult Stroke Patients** 

Adult Stroke Patients
Destination Determination
Three (3) Levels of Stroke Hospitals



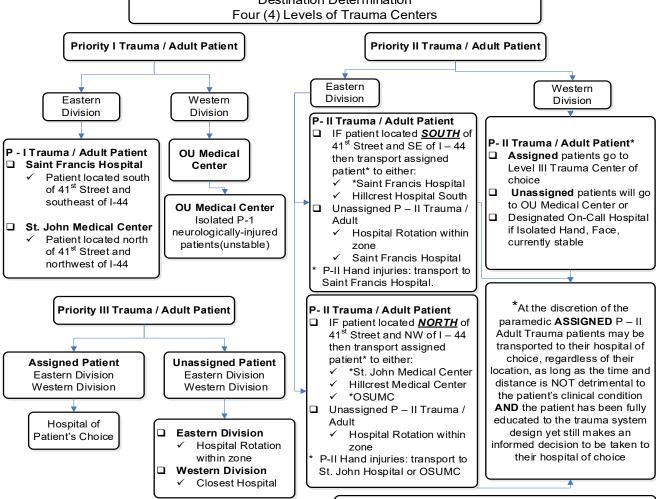
#### Definition of Adult Stroke Patient

- ☐ Priority I Adult Stroke Patient
  - ✓ Examples:
    - Patient with acute stroke symptoms within 23 hours of onset with abnormal Los Angeles Prehospital Stroke Screen
- ☐ Priority III Adult Stroke Patient
  - Examples:
    - Patient with acute stroke symptoms > 23 hours of onset or time indeterminate with abnormal Los Angeles Prehospital Stroke Screen



Draft for Review and Action 9/6/23, Effective 12/1/23, replaces all prior versions PROTOCOL 17A: Destination Determination - Adult Trauma Patients

> Adult Trauma Patients **Destination Determination** Four (4) Levels of Trauma Centers



#### Pre - Hospital Triage Criteria

- Priority 1 Trauma Patient / Adult
  - Patients with high energy blunt or penetrating trauma with physiologic or anatomic abnormalities
- Priority 2 Trauma Patient / Adult
  - Patients who are involved in a high energy event with risk for severe injury despite stable or normal vital signs with no altered mentation or respiratory distress or patients with a single systeminjury
  - Select & Isolated hand injuries (Refer to I.1 Section 1)
- Priority 3 Trauma Patient / Adult
  - Patients without physiologic instability, altered mentation, neurological deficit, or significant anatomical or single system injuries and generally have been involved in low energy mechanism of injury incident.

#### Trauma and Emergency Operative Centers

- Level I / Level II Trauma Centers
  - Emergency Medical Services with organized trauma services
  - Physician/Nursing Staff with specialties in trauma care available 24 hours a day All Priority I Trauma Patients should be transported to these facilities
- Level III Trauma Centers
  - Emergency Medical Services with organized trauma services
  - Physician/Nursing Staff with some specialties in trauma care available 24 hours a day Level III Trauma Centers are intended to receive patients at risk for
  - severe injury with normal, stable vital signs or patients with single
  - Level III Trauma Centers may receive Priority I Trauma Patients if the Level I or Level II Trauma Centers are on trauma services divert Level IV Trauma Centers
  - Emergency Medical Services twenty-four (24) hours a day with at least:
    - Mid-level practitioner

    - RNI PN or
    - Paramedic or Intermediate Level FMT
    - Level IV Trauma Centers may receive adult/pediatric patients without physiologic instability, altered mentation, neurologic deficit or significant anatomical injuries and have also not been involved in a significant mechanism of injury incident

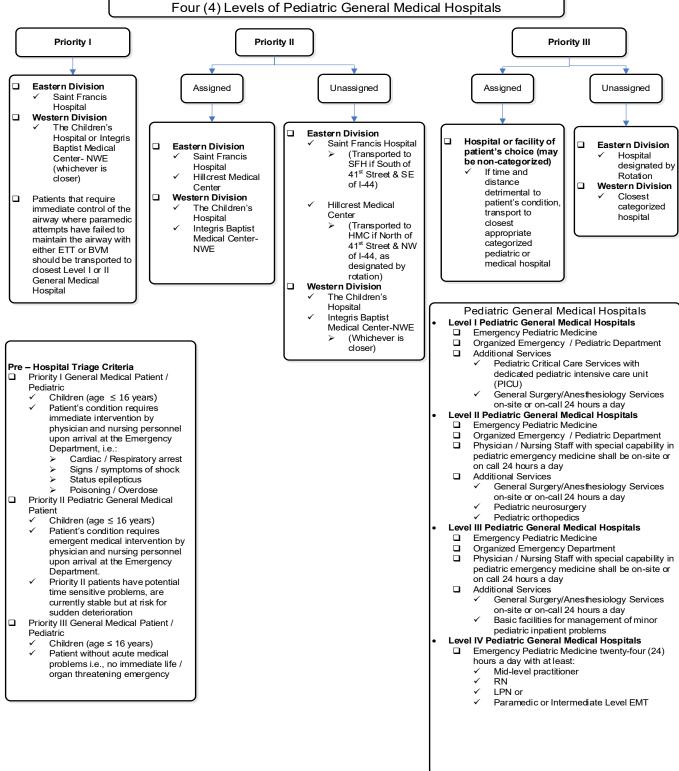


Draft for Review and Action 9/6/23, Effective 12/1/23, replaces all prior versions **PROTOCOL 17A: Destination Determination**— **Pediatric General Medical Patients** 

Pediatric General Medical Patients

Destination Determination

Four (4) Levels of Pediatric General Medical Hospitals



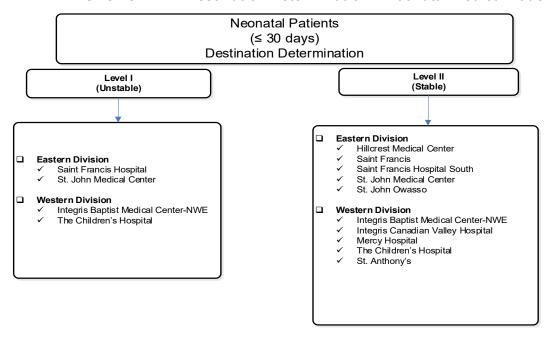


Draft for Review and Action 9/6/23, Effective 12/1/23, replaces all prior versions **PROTOCOL 17A: Destination Determination – Pediatric Trauma Patients** 

Pediatric Trauma Patients (< 15 years of age) **Destination Determination** Priority I Trauma / Pediatric Patient Priority II Trauma / Pediatric Patient Western Eastern Division Division Eastern Western Division Division P- II Trauma / Pediatric Patient Saint Francis **OU Medical** ☐ Saint Francis Hospital Hospital Center P- II Trauma / Pediatric Patient √ Whenever possible, ☐ The Children's Hospital transport injured adult and pediatric members of the ■ OU Medical Center same family to the same ✓ Whenever possible, ☐ If the patient requires hospital. transport injured adult and immediate airway management pediatric members of the and paramedic attempts have same family to the same failed to maintain the airway hospital. with ETT or BVM, the patient should be transported to closest Level II or III Trauma Center **Priority III Trauma / Pediatric Patient Assigned Patient Unassigned Patient** Eastern Division Eastern Division Western Division Western Division Hospital of **Eastern Division** Hospital Rotation Patient's Choice within zone ■ Western Division Closest Hospital



Draft for Review and Action 9/6/23, Effective 12/1/23, replaces all prior versions **PROTOCOL 17A: Destination Determination – Neonatal Medical Patients** 

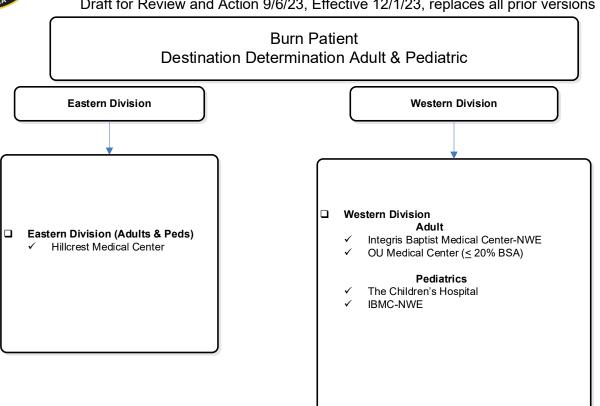


# Neonatal Priority Determination

- Priority I Unstable
  - ☐ Cardiac or respiratory arrest
  - ☐ Less than 35 weeks gestation at time of birth(estimated)
  - APGAR ≤ 5 at 5 minutes
  - $\hfill \square$  SpO2 less than 90% on oxygen
  - Diagnosed genetic disorders
- Priority II Stable
  - ☐ 35 weeks or later gestation at time of birth (estimated)
  - APGAR > 5 at 5 minutes
  - No immediate life threat identified



Draft for Review and Action 9/6/23, Effective 12/1/23, replaces all prior versions



### **Burn Determination**

- **Determination Criteria** 
  - Burns with P1 or P2 trauma should be transported to the Trauma Center.
  - Burns with P3 trauma can be transported to IBMC-NWE if closest
  - In the Western Division burns should be transported to the closest appropriate burn capable destination.