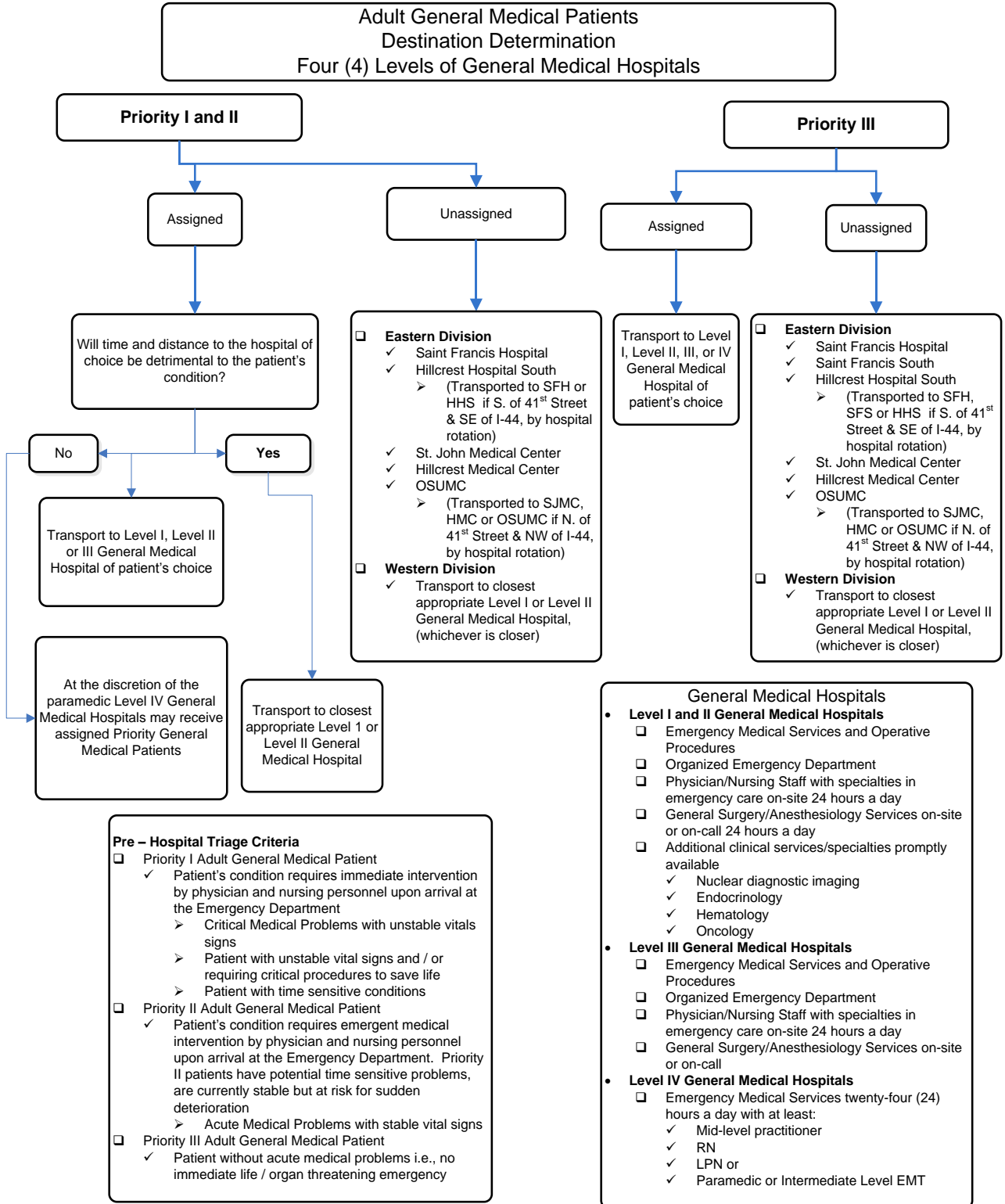




EMS System for Metropolitan Oklahoma City and Tulsa 2019 Medical Control Board Treatment Protocols

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PROTOCOL 17A: Destination Determination – Adult General Medical Patients



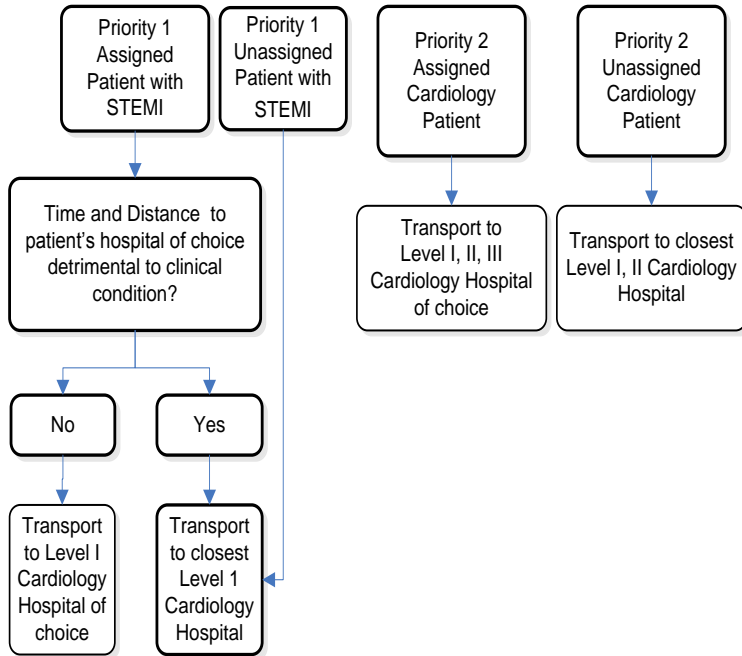


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PROTOCOL 17A: Destination Determination – Adult Cardiology Patients

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
 - ✓ Reperfusion 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

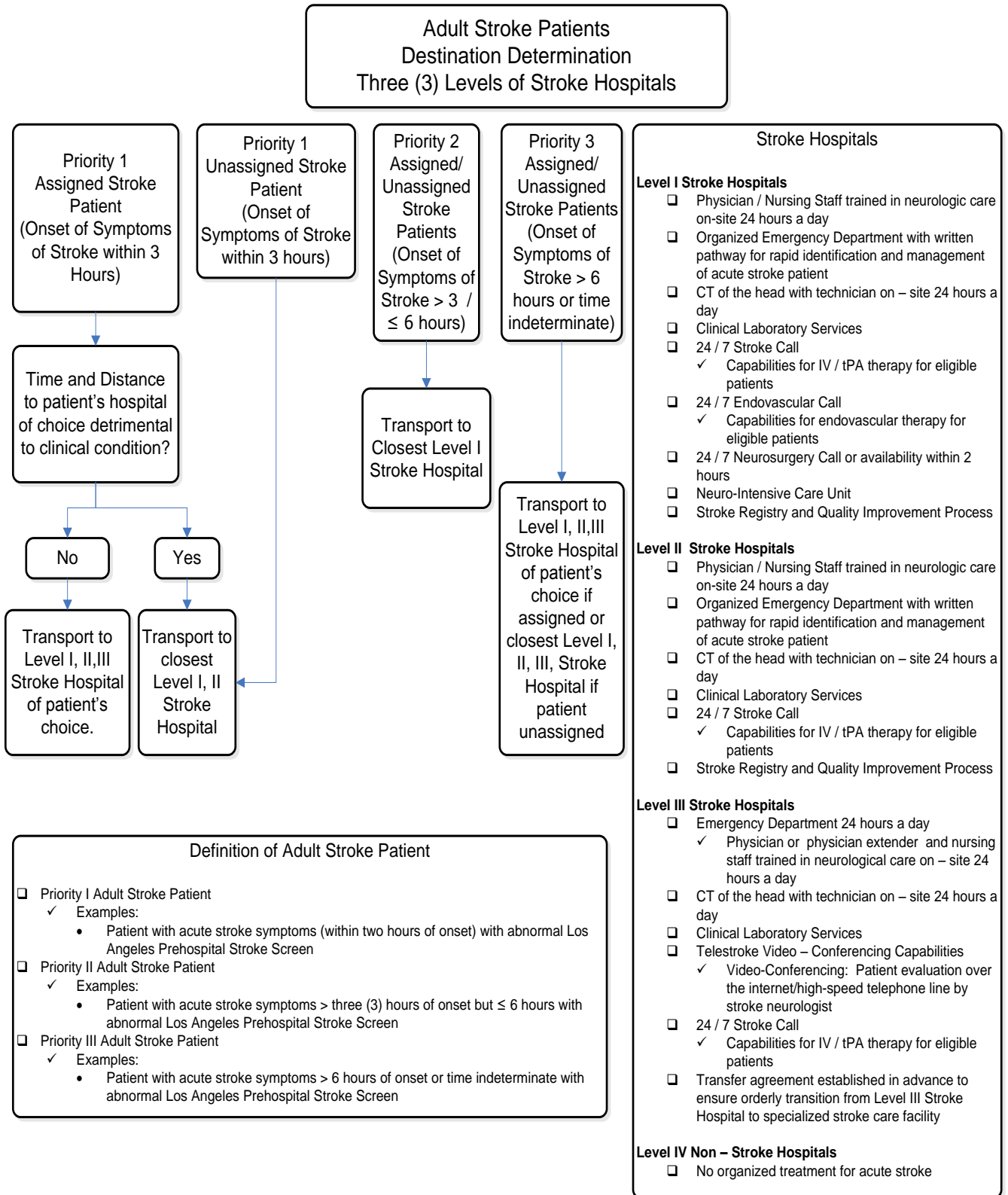
Definition of Adult Cardiology Patient

- 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



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PROTOCOL 17A: Destination Determination – Adult Stroke Patients



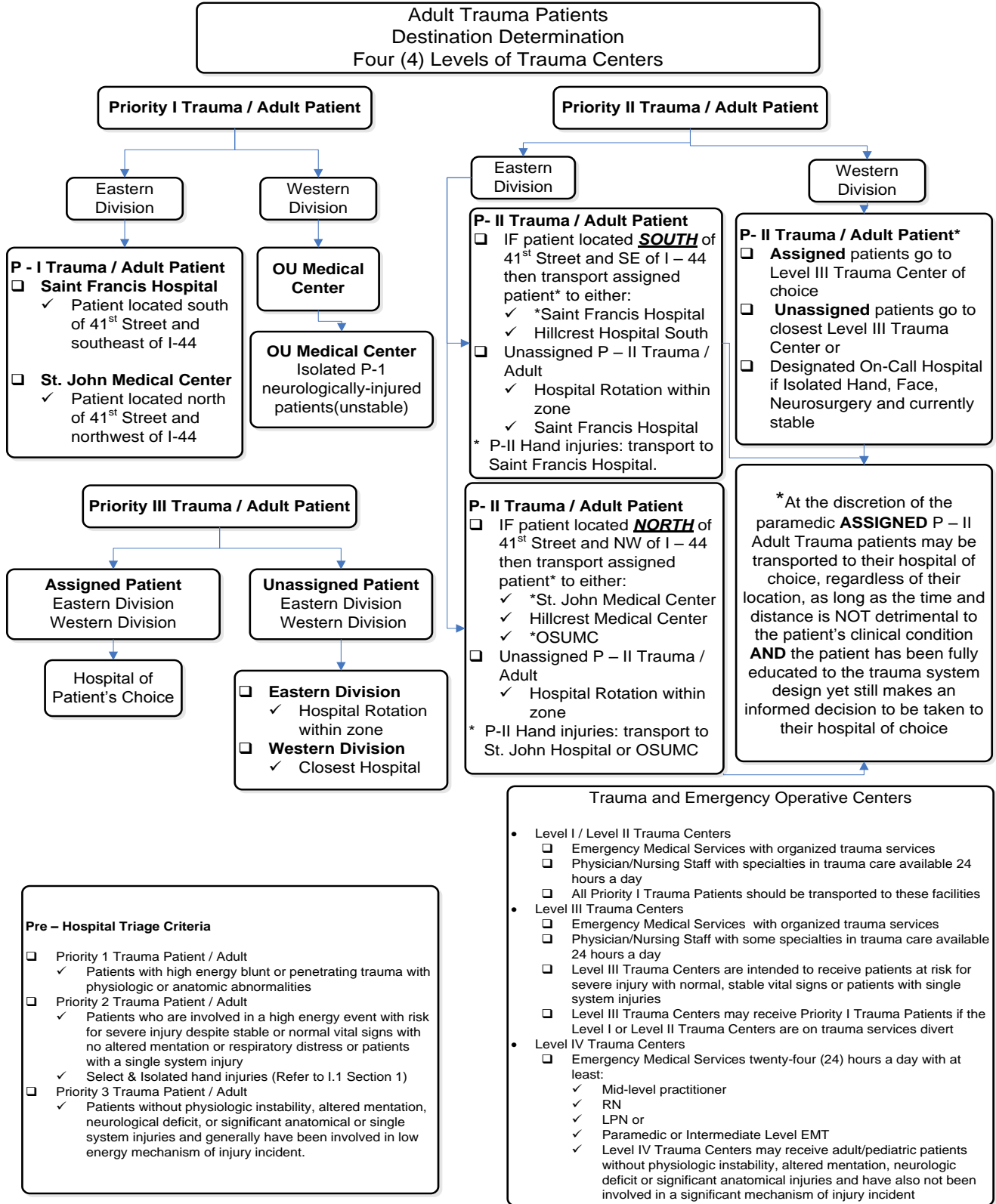
Definition of Adult Stroke Patient

- Priority I Adult Stroke Patient
 - ✓ Examples:
 - Patient with acute stroke symptoms (within two hours of onset) with abnormal Los Angeles Prehospital Stroke Screen
- Priority II Adult Stroke Patient
 - ✓ Examples:
 - Patient with acute stroke symptoms > three (3) hours of onset but ≤ 6 hours with abnormal Los Angeles Prehospital Stroke Screen
- Priority III Adult Stroke Patient
 - ✓ Examples:
 - Patient with acute stroke symptoms > 6 hours of onset or time indeterminate with abnormal Los Angeles Prehospital Stroke Screen



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PROTOCOL 17A: Destination Determination – Adult Trauma Patients



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 system injuries
 - 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
 - ✓ RN
 - ✓ LPN or
 - ✓ Paramedic or Intermediate Level EMT
 - ✓ 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

Pre – Hospital Triage Criteria

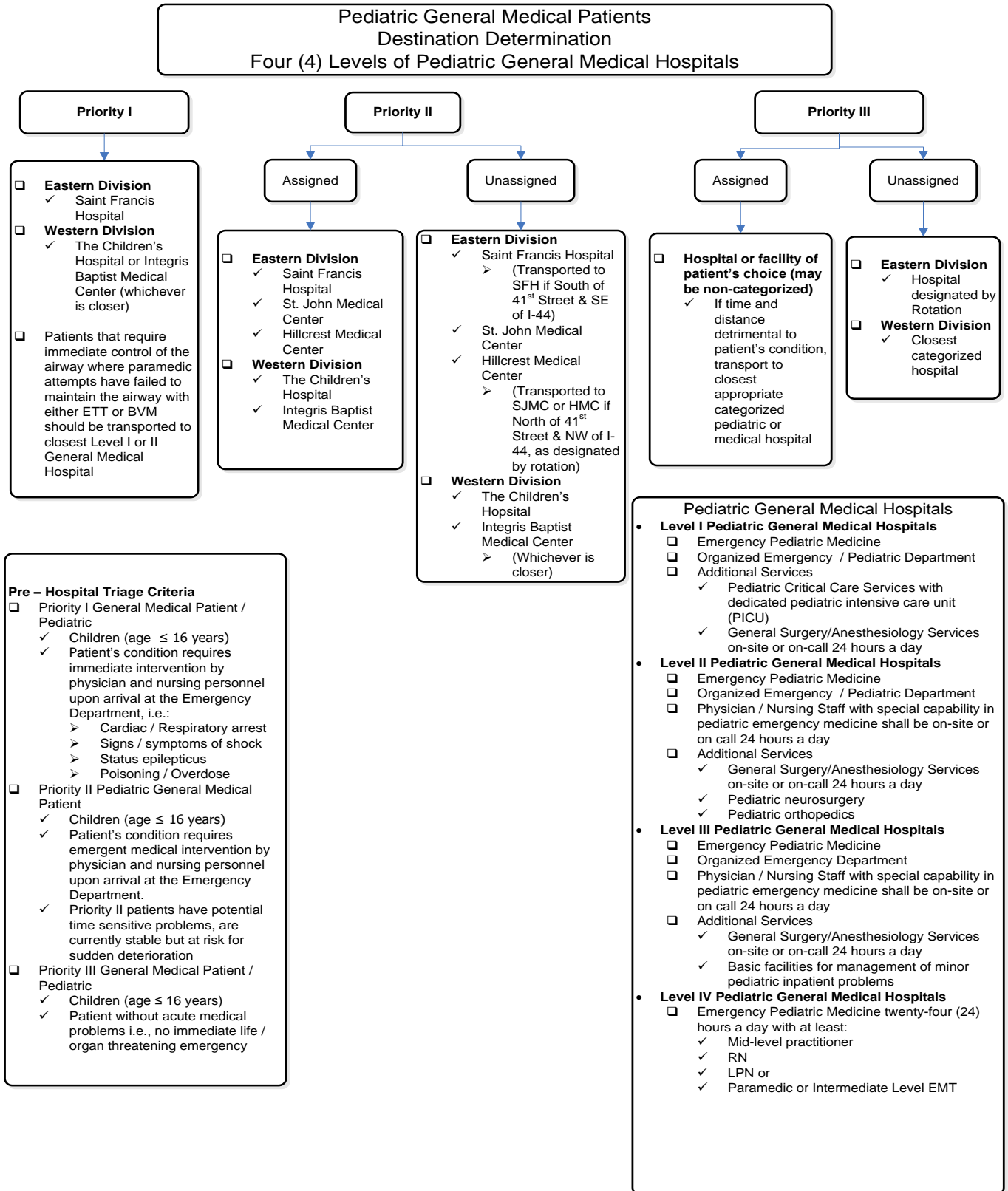
- Priority 1 Trauma Patient / Adult
 - ✓ Patients with high energy blunt or penetrating trauma with physiologic or anatomic abnormalities
- Priority 2 Trauma Patient / Adult
 - ✓ Patients who are involved in a high energy event with risk for severe injury despite stable or normal vital signs with no altered mentation or respiratory distress or patients with a single system injury
 - ✓ 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.



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PROTOCOL 17A: Destination Determination– Pediatric General Medical Patients

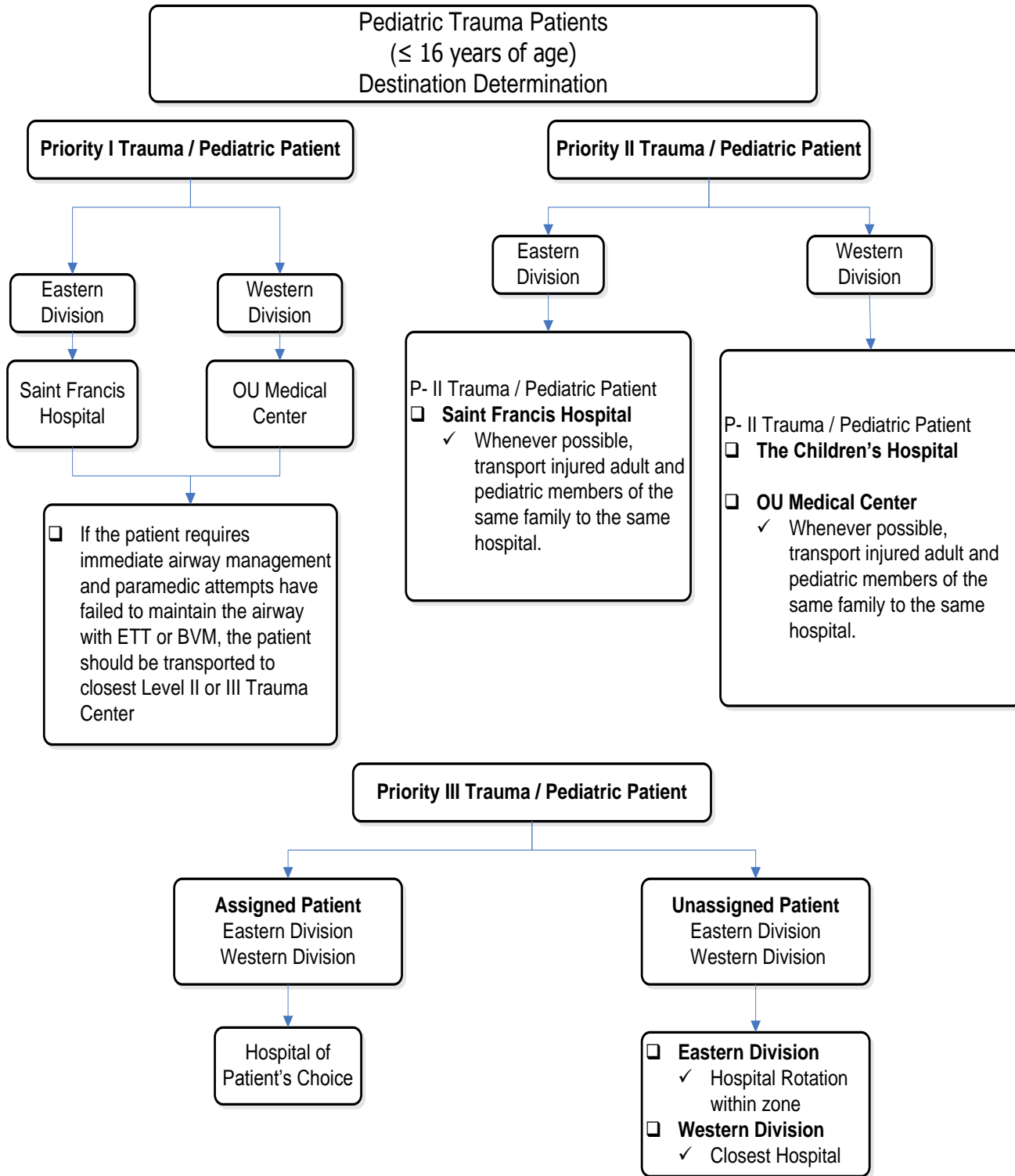




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PROTOCOL 17A: Destination Determination – Pediatric Trauma Patients





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PROTOCOL 17A: Destination Determination – Neonatal Medical Patients

