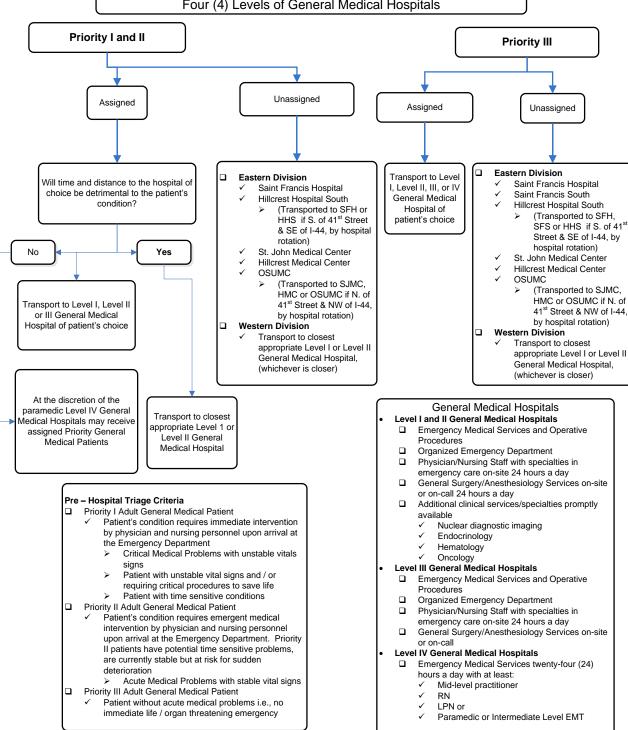


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PROTOCOL 17A: Destination Determination - Adult General Medical Patients

Adult General Medical Patients
Destination Determination
Four (4) Levels of General Medical Hospitals

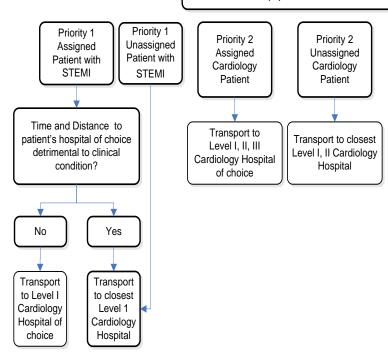




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PROTOCOL 17A: Destination Determination – Adult Cardiology Patients

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
 - ✓ 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

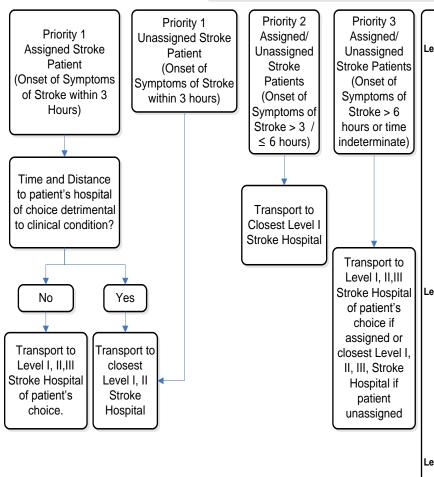
Definition of Adult Cardiology Patient

- 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



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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 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

Stroke Hospitals

Level I Stroke Hospitals

- Physician / Nursing Staff trained in neurologic care on-site 24 hours a day
- Organized Emergency Department with written pathway for rapid identification and management of acute stroke patient
- CT of the head with technician on site 24 hours a day
- Clinical Laboratory Services
- 24 / 7 Stroke Call
 - ✓ Capabilities for IV / tPA therapy for eligible patients
- 24 / 7 Endovascular Call
 - Capabilities for endovascular therapy for eligible patients
- 24 / 7 Neurosurgery Call or availability within 2 hours
- Neuro-Intensive Care Unit
- ☐ Stroke Registry and Quality Improvement Process

Level II Stroke Hospitals

- Physician / Nursing Staff trained in neurologic care on-site 24 hours a day
- Organized Emergency Department with written pathway for rapid identification and management of acute stroke patient
- ☐ CT of the head with technician on site 24 hours a
- ☐ Clinical Laboratory Services
- 24 / 7 Stroke Call
 - Capabilities for IV / tPA therapy for eligible patients
- ☐ Stroke Registry and Quality Improvement Process

Level III Stroke Hospitals

- ☐ Emergency Department 24 hours a day
 - Physician or physician extender and nursing staff trained in neurological care on – site 24 hours a day
- ☐ CT of the head with technician on site 24 hours a day
- ☐ Clinical Laboratory Services
- ☐ Telestroke Video Conferencing Capabilities
 - √ Video-Conferencing: Patient evaluation over the internet/high-speed telephone line by stroke neurologist
- ☐ 24 / 7 Stroke Call
 - Capabilities for IV / tPA therapy for eligible patients
- Transfer agreement established in advance to ensure orderly transition from Level III Stroke Hospital to specialized stroke care facility

Level IV Non - Stroke Hospitals

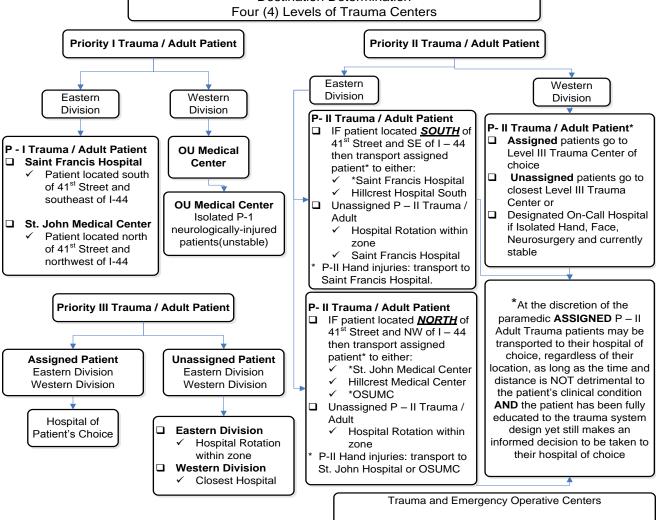
☐ No organized treatment for acute stroke



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PROTOCOL 17A: Destination Determination - Adult Trauma Patients

Adult Trauma Patients
Destination Determination
Four (4) Levels of Trauma Center



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.

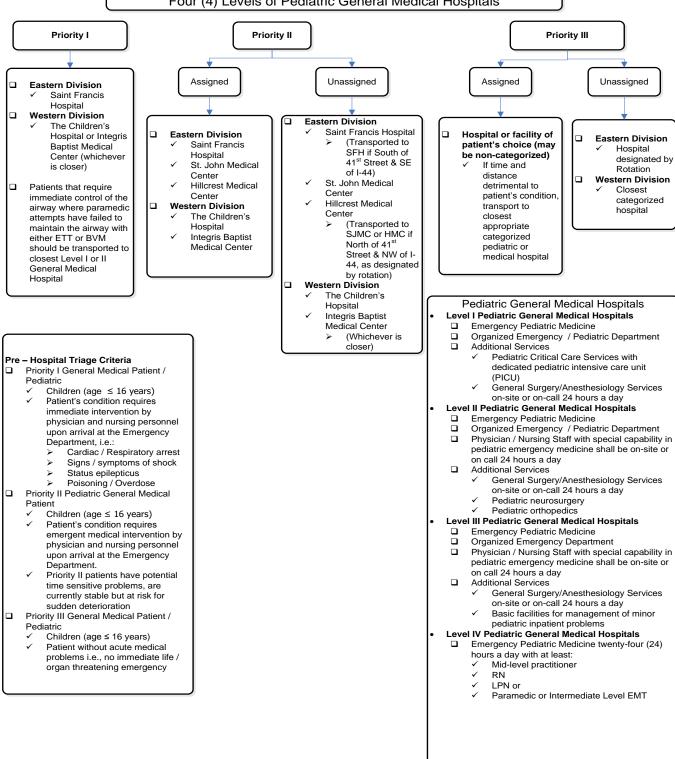
- Level I / Level II Trauma Centers
 - ☐ Emergency Medical Services with organized trauma services
 - Physician/Nursing Staff with specialties in trauma care available 24 hours a day
 - All Priority | Trauma Patients should be transported to these facilities
 Level III Trauma Centers
 - $\hfill \square$ 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



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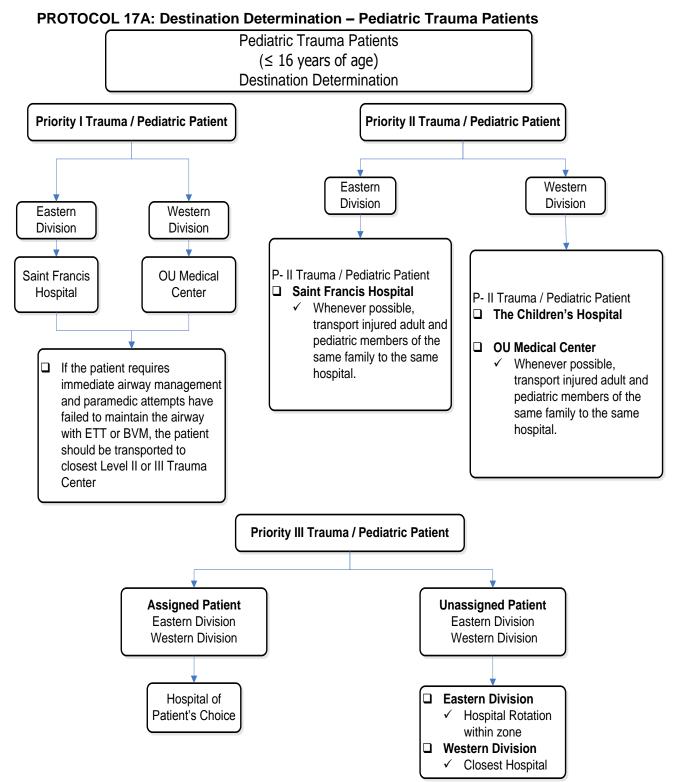
PROTOCOL 17A: Destination Determination – Pediatric General Medical Patients

Pediatric General Medical Patients
Destination Determination
Four (4) Levels of Pediatric General Medical Hospitals





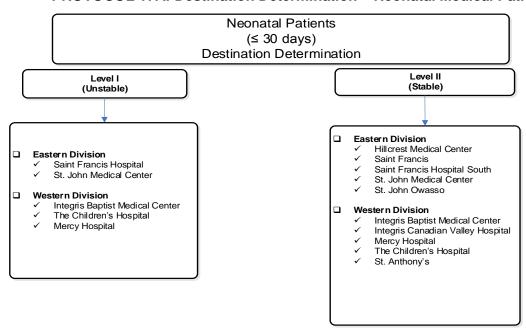
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PROTOCOL 17A: Destination Determination – Neonatal Medical Patients



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 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