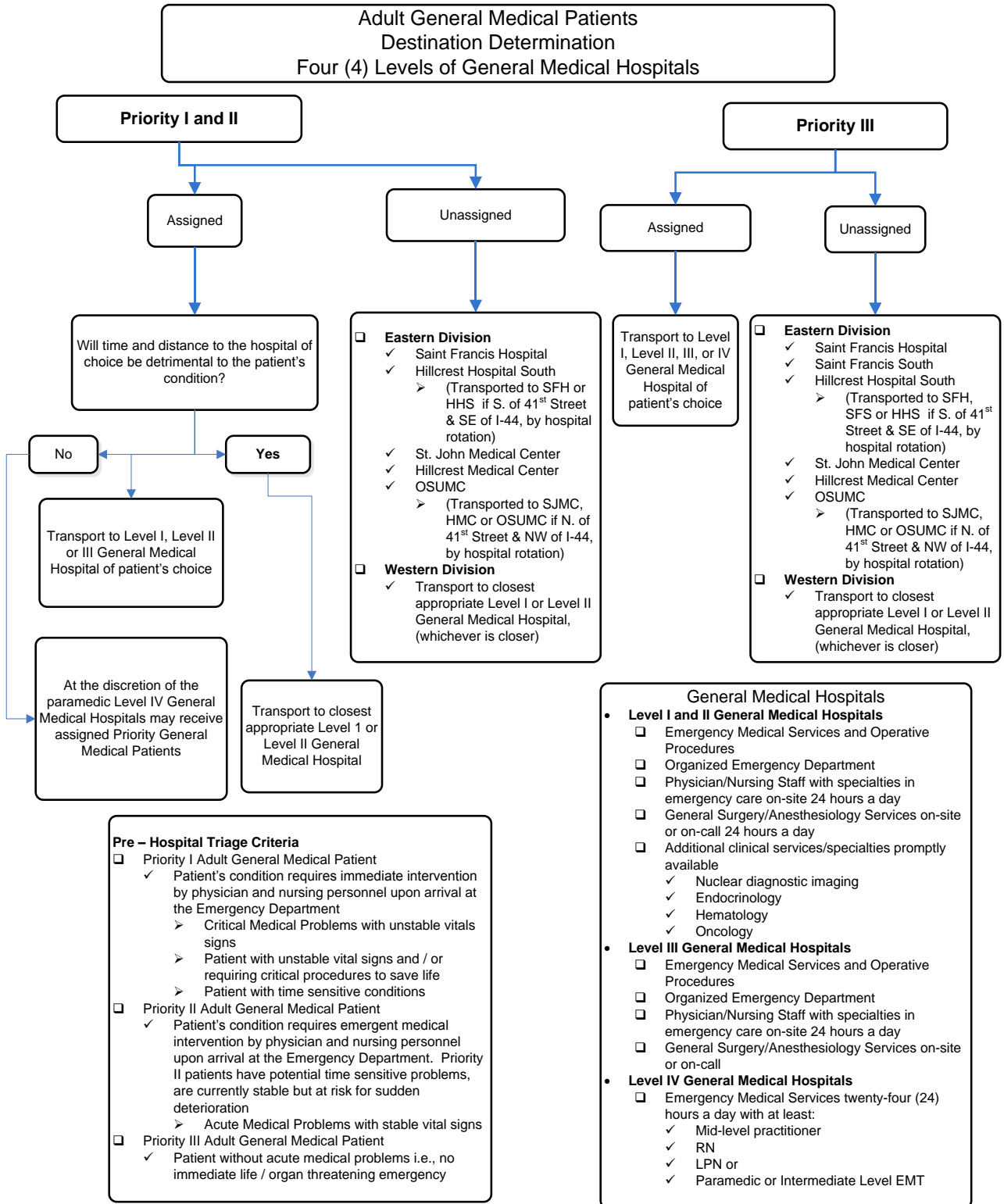




EMS System for Metropolitan Oklahoma City and Tulsa 2019 Medical Control Board Treatment Protocols

Approved 3/13/2019, Effective 8/1/2019, replaces all prior versions
PROTOCOL 17A: Destination Determination – Adult General Medical Patients



General Medical Hospitals

- **Level I and II General Medical Hospitals**
 - Emergency Medical Services and Operative Procedures
 - 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
 - Additional clinical services/specialties promptly available
 - ✓ Nuclear diagnostic imaging
 - ✓ Endocrinology
 - ✓ Hematology
 - ✓ Oncology
- **Level III General Medical Hospitals**
 - Emergency Medical Services and Operative Procedures
 - 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
- **Level IV General Medical Hospitals**
 - Emergency Medical Services twenty-four (24) hours a day with at least:
 - ✓ Mid-level practitioner
 - ✓ RN
 - ✓ LPN or
 - ✓ Paramedic or Intermediate Level EMT

Pre – Hospital Triage Criteria

- Priority I Adult General Medical Patient**
 - ✓ Patient's condition requires immediate intervention by physician and nursing personnel upon arrival at the Emergency Department
 - Critical Medical Problems with unstable vital signs
 - Patient with unstable vital signs and / or requiring critical procedures to save life
 - Patient with time sensitive conditions
- Priority II Adult General Medical Patient**
 - ✓ Patient's condition requires emergent medical intervention by physician and nursing personnel upon arrival at the Emergency Department. Priority II patients have potential time sensitive problems, are currently stable but at risk for sudden deterioration
 - Acute Medical Problems with stable vital signs
- Priority III Adult General Medical Patient**
 - ✓ Patient without acute medical problems i.e., no immediate life / organ threatening emergency

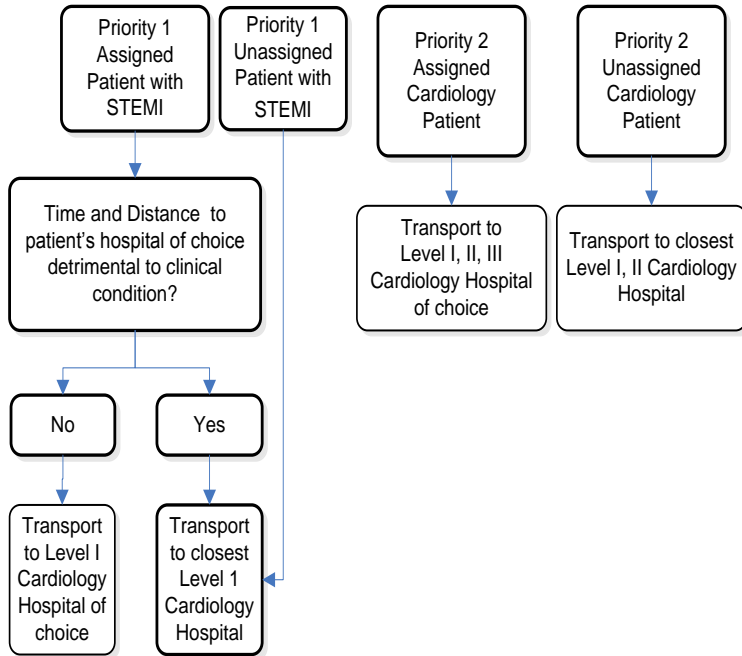


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PROTOCOL 17A: Destination Determination – Adult Cardiology Patients

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

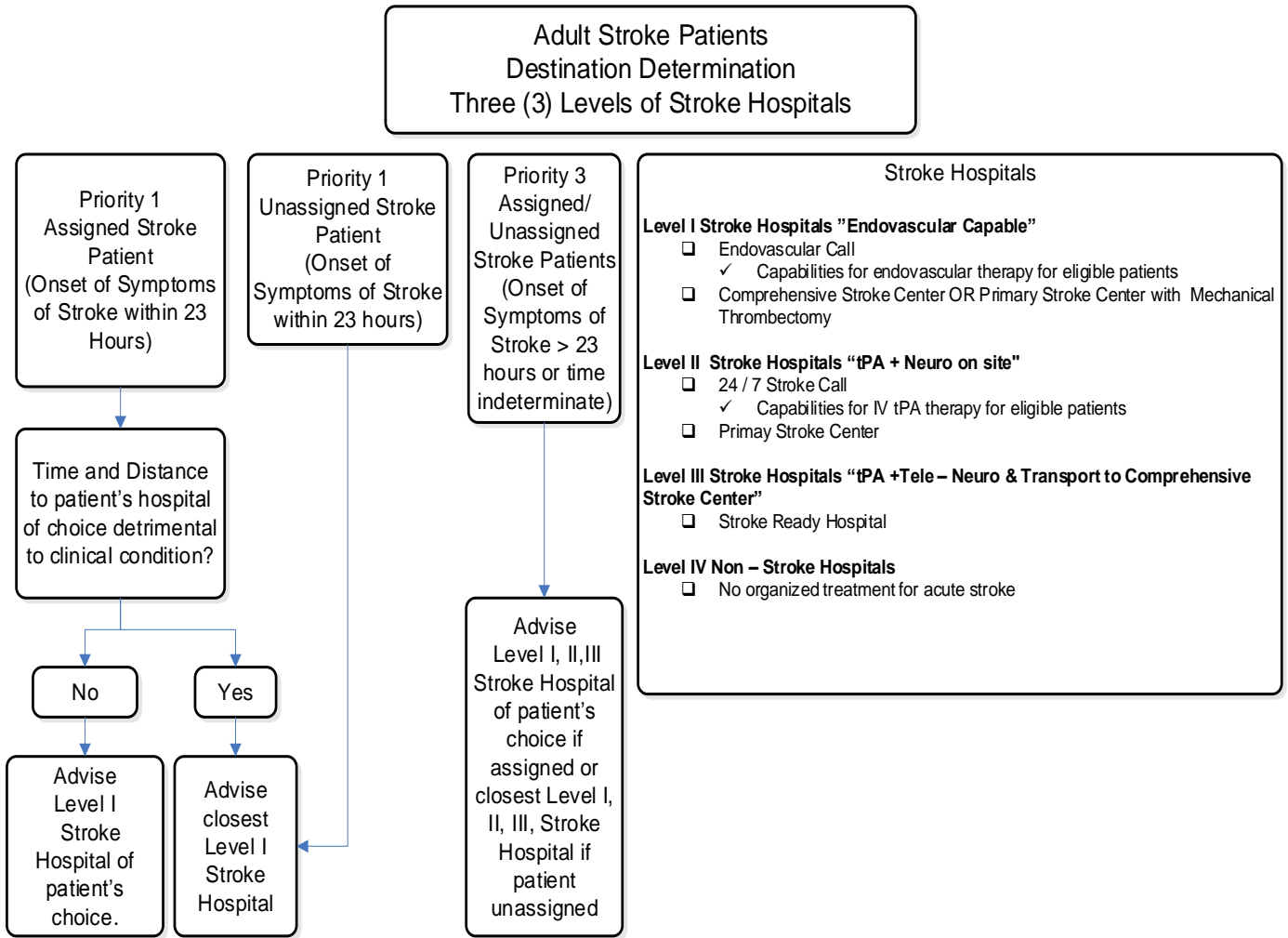
Definition of Adult Cardiology Patient

- 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



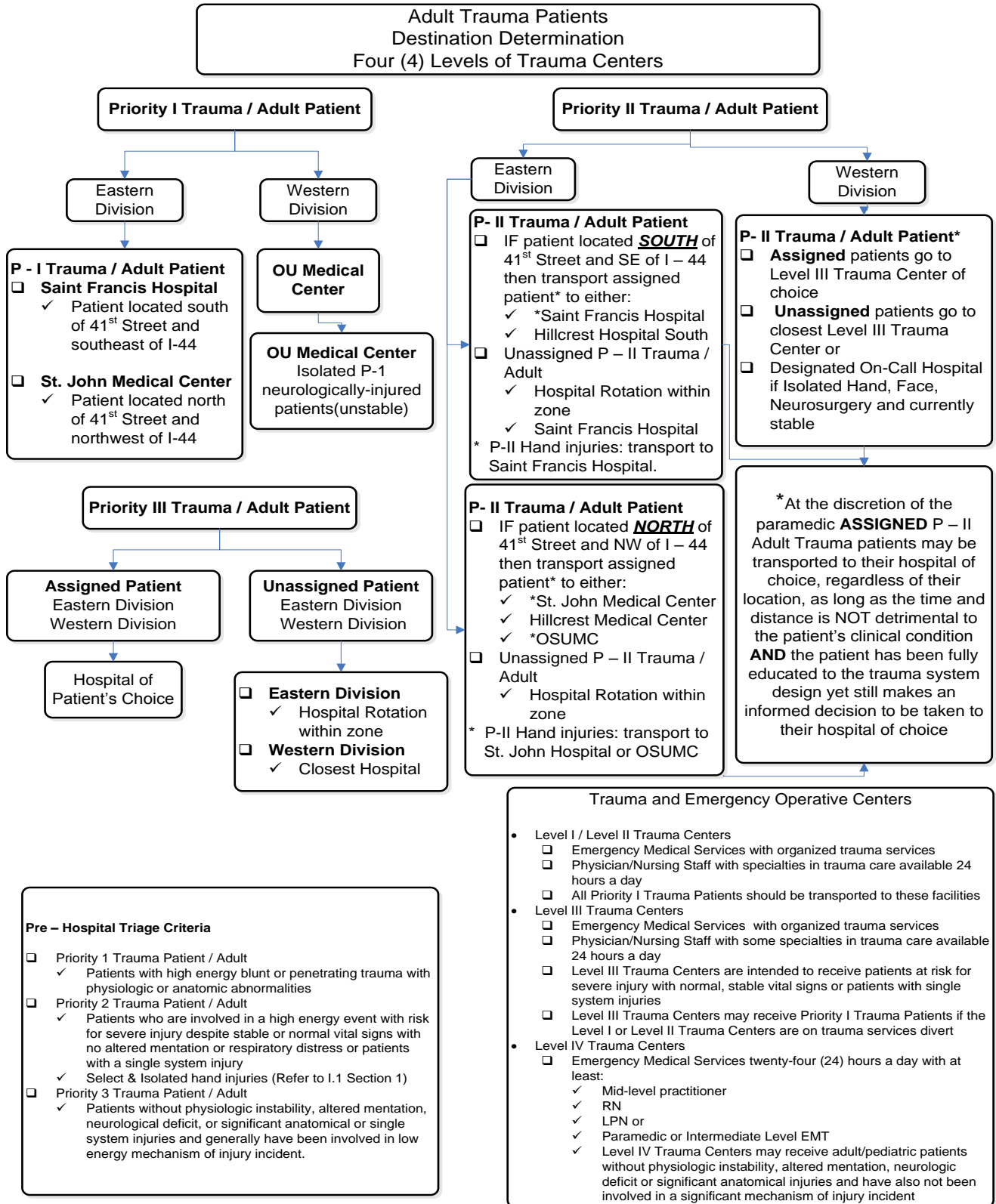
- ### Definition of Adult Stroke Patient

 - Priority I Adult Stroke Patient
 - Examples:
 - Patient with acute stroke symptoms within 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



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

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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

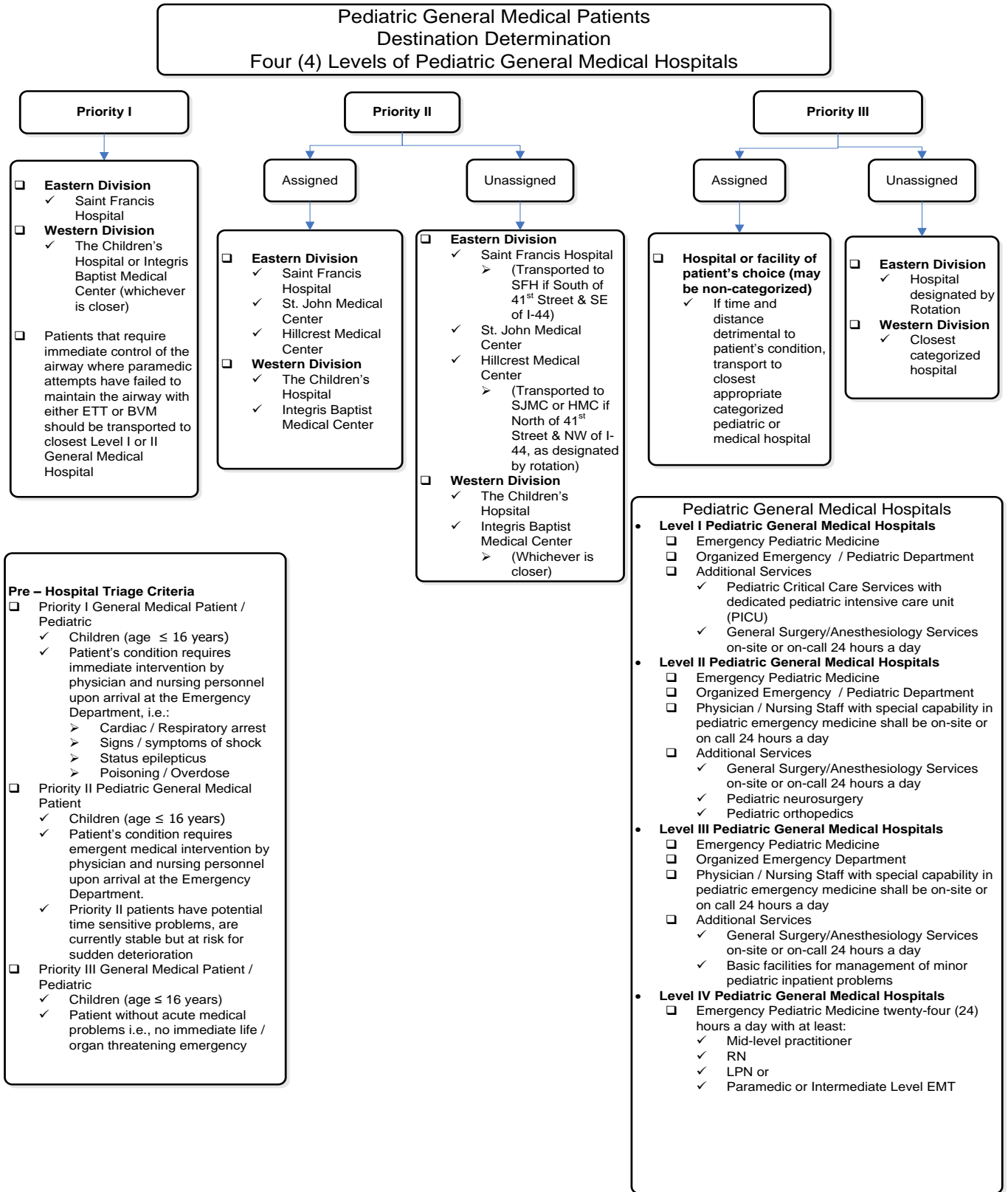
- Priority 1 Trauma Patient / Adult
 - ✓ Patients with high energy blunt or penetrating trauma with physiologic or anatomic abnormalities
- Priority 2 Trauma Patient / Adult
 - ✓ Patients who are involved in a high energy event with risk for severe injury despite stable or normal vital signs with no 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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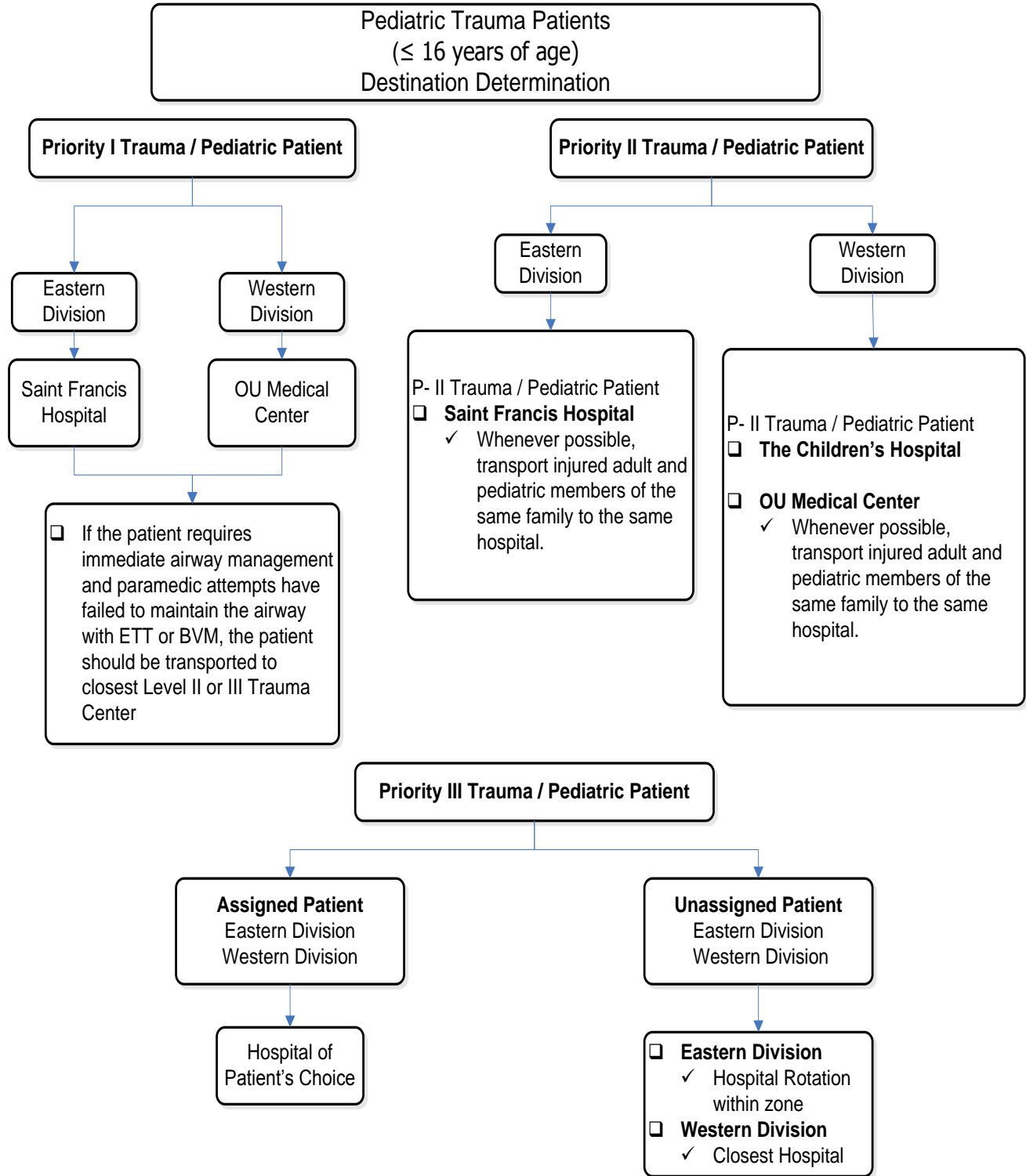
PROTOCOL 17A: Destination Determination– Pediatric General Medical Patients





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

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PROTOCOL 17A: Destination Determination – Pediatric Trauma Patients





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PROTOCOL 17A: Destination Determination – Neonatal Medical Patients

