



# EMS System for Metropolitan Oklahoma City and Tulsa 2025 Medical Control Board Treatment Protocols

## PROTOCOL 17B, Table: Categorization of Hospitals

Approved 9/04/24, Effective 1/15/25, replaces all prior versions

### Categorized Hospitals—Tulsa (Levels of Emergency Services)

Hospital	General Medical	Adult Stroke	Trauma	Neonatal	Ped. Medical	Ped. Trauma	Cardiology	Burns	Heli. Pad	Hyperbaric Chamber	Level I Cardiac Arrest Center
Bailey Medical Center	IV	IV	IV	N/A	IV	IV	III		Yes		No
Hillcrest Medical Center	I	I	III	II	II	III	I	*	Yes		Yes
Hillcrest Hospital South	II	II	III	N/A	III	III	I		Yes		Yes
OSUMC	I	II	III	N/A	III	III	I		Yes	Yes	Yes
Saint Francis Hospital	I	I	II	I	I	II	I		Yes		Yes
Saint Francis South	III	III	III	II	III	III	III		Yes		No
Saint Francis Healthplex Glenpool	III	III	IV	N/A	IV	IV	III		No		No
St. John Medical Center	I	I	II	I	IV	III	I		Yes		Yes
St. John Broken Arrow	IV	IV	IV	N/A	IV	IV	III		Yes		No
St. John Owasso	IV	IV	IV	II	IV	IV	III		Yes		No
St. John Sapulpa	IV	IV	IV	N/A	IV	IV	III		Yes		No

### Categorized Hospitals--Oklahoma City (Levels of Emergency Services)

Hospital	General Medical	Adult Stroke	Trauma	Neonatal	Ped. Medical	Ped. Trauma	Cardiology	Burns	Heli. Pad	Hyperbaric Chamber	Level I Cardiac Arrest Center
SSM Health St. Anthony Hospital Midwest	II	III	III	N/A	III	III	II		Yes		Yes
The Children's Hospital	I	N/A	N/A	I	I	II	I	**	Yes		No
Community Hospital	IV	IV	IV	N/A	IV	IV	III		No		No
Integris Baptist Medical Center - Northwest Expressway (IBMC-NWE)	I	I	III	I	I	III	I	* **	Yes	Yes	Yes
Integris Canadian Valley Hospital	II	III	III	II	III	III	II		No		No
Integris Community Hospitals	III	III	IV	N/A	IV	IV	III		No		No
Integris Baptist Medical Center -Portland Avenue (IBMC-PA)	I	II	III	N/A	III	III	II		No		No
Integris Health Edmond	II	III	III	N/A	III	III	I		Yes		Yes
Integris Southwest Medical Center	I	II	III	N/A	III	III	I		Yes		Yes
Mercy Hospital – Oklahoma City	II	I	III	II	III	III	II		Yes		No
Mercy I-35 (Free Standing ED)***	III	III	IV	N/A	IV	IV	III		No		No
Norman Regional Hospital	II	II	III	N/A	III	III	II		Yes		No
Norman Regional Moore	III	II	IV	N/A	III	III	II		No		No
OU Edmond	II	IV	III	N/A	III	III	II		Yes		No
OK Heart Hospital North	NA	NA	NA	N/A	NA	NA	I		Yes		Yes
OK Heart Hospital South	NA	NA	NA	N/A	NA	NA	I		Yes		Yes
OU Medical Center	I	I	I	N/A	III	I	I	*	Yes		Yes
St. Anthony Hospital	I	I	III	II	III	III	I		Yes		Yes
St. Anthony Healthplexes (Free Standing EDs)***	III	III	IV	N/A	IV	IV	III		No		No
OU Health ER + Urgent Care -South OKC (Free Standing ED)***	III	III	IV	N/A	IV	IV	III		No		No
OU Health ER + Urgent Care – Czech Hall (Free Standing ED)***	III	III	IV	N/A	IV	IV	III		No		No



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#### Specialty Hospitals, Healthcare Facilities, and Additional Service Capabilities

<b>Veterans Administration Hospital OKC</b>	Predominately a medical and surgical facility for the veteran population. The Veterans Administration Hospital is capable of managing patients with complex medical illnesses and non-Priority 1 traumatic injuries.
<b>Bone and Joint Hospital OKC</b>	Predominately an orthopedic referral facility; Level IV Trauma Center
<b>Oklahoma Heart Hospital (North &amp; South Campus) OKC</b>	Predominately a medical and surgical facility for Priority I and II assigned and unassigned patients with cardiac related symptoms.
<b>OU Medical Center, (Dean McGee Eye Institute) OKC</b>	OUMC is affiliated with Dean McGee Eye Institute. Adult Patients with isolated ocular trauma with loss of vision, change in the appearance of the eye, or severe ocular pain should be transported to OUMC for most expeditious access to ocular services.
<b>OU Medical Center, OKC</b>	Labor and Delivery Services should only receive pregnant women with an obstetrical complaint and a gestational period greater than 16 weeks.
<b>McBride Clinic Orthopedic Hospital OKC</b>	Predominately an orthopedic referral facility; Level IV Trauma Center
<b>Level I Cardiac Arrest Center</b>	Cardiac intervention capabilities including a Cardiac Cath Lab and an interventional cardiologist available 24 hours a day, seven days a week; a therapeutic hypothermia method to cool the patient for at least 12 hours after a cardiac arrest.
<b>Center for Orthopedic Reconstruction &amp; Excellence (CORE), Jenks</b>	Predominately an orthopedic referral facility that should only receive surgical related patients with a chief complaint related to a scheduled surgery at CORE within the next 7 days or a surgery that was performed at CORE within the past 30 days. The patient's surgeon (or the call coverage surgeon) must be contacted and agree to accept the patient at CORE's "Emergency Department" prior to EMSA transport. The patient and/or patient representative (eg. family) has the responsibility to provide the treating EMS personnel the contact number for the surgeon/physician at CORE. The EMSA Communications Center will attempt to contact that surgeon/physician at CORE on a recorded line. If no answer from the surgeon/physician at CORE within 10 (TEN) minutes of attempted notification, an alternate destination shall be selected to promote efficient scene time.
<b>Oklahoma Surgical Hospital (OSH) Tulsa</b>	Predominately a surgical referral facility that should only receive surgical related patients with a chief complaint related to a scheduled surgery at OSH within the next 7 days or a surgery that was performed at OSH within the past 30 days. The patient's surgeon (or the call coverage specialist partner) must be contacted and agree to accept the patient at OSH's "Emergency Department" prior to EMSA transport. The patient and/or patient representative (eg. family) has the responsibility to provide the treating EMS personnel the contact number for the surgeon/physician at OSH. The EMSA Communications Center will attempt to contact that surgeon/physician at OSH on a recorded line. If no answer from the surgeon/physician at OSH within 10 (TEN) minutes of attempted notification, an alternate destination shall be selected to promote efficient scene time.



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<p><b>Tulsa Spine &amp; Specialty Hospital (TSSH)</b></p>	<p>Predominately an orthopedic &amp; neurosurgical referral facility that should only receive surgical related patients with a chief complaint related to a scheduled surgery at Tulsa Spine &amp; Select Specialty Hospital within the next 7 days or a surgery that was performed at Tulsa Spine &amp; Select Specialty Hospital within the past 30 days. The patient’s surgeon (or the call coverage surgeon) must be contacted and agree to accept the patient at Tulsa Spine &amp; Select Specialty Hospital’s “Emergency Department” prior to EMSA transport. The patient and/or patient representative (eg. family) has the responsibility to provide the treating EMS personnel the contact number for the surgeon/physician at TSSH. The EMSA Communications Center will attempt to contact that surgeon/physician at TSSH on a recorded line. If no answer from the surgeon/physician at TSSH within 10 (TEN) minutes of attempted notification, an alternate destination shall be selected to promote efficient scene time.</p>
<p><b>Norman Regional Hospital</b></p>	<p>Norman Regional Hospital has Labor and Delivery services for patients in labor.</p>
<p><b>Integris Lakeside Women’s Hospital OKC</b></p>	<p>Predominately a labor and delivery hospital for assigned patients</p>
<p><b>St. Anthony Healthplex, Saint Francis Healthplex-Glenpool, Mercy I-35, Integris Portland Hospital, OU Health Emergency Room &amp; Urgent Care – Czech Hall</b></p>	<p>Typical emergency department capabilities exist, though no post-emergency department care (surgery, cardiac cath, inpatient care) is available on-site. These facilities should be bypassed for a hospital-based emergency department when the patient’s symptoms, exam, and/or diagnostics such as 12-lead ECG indicate the patient most likely requires very urgent or emergent intervention by a specialty physician that is hospital-based (eg. cardiac cath, surgery). Examples of typical transports allowed include: minor head trauma with no or brief LOC; MVC or falls with low suspicion for internal injury and normal vital signs; minor isolated/closed orthopedic injury; epistaxis; respiratory infections; dental injury/illness; fever in pediatrics and young adult (without hypotension/suspected sepsis); chest pain in patients less than 35 years of age, without ST elevation or depression on 12-lead ECG, and without coronary disease history; HTN illness; abdominal pain with normal vital signs and suspected non-surgical cause; genitourinary illness (infections, kidney stones, vaginal bleeding non-pregnant), neurological illness (headaches, seizure (non-status) with seizure history), psychiatric illness, allergic reactions, minor burns, dermal rashes, and MCI "green" patients.</p>



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<p><b>Integris Community Hospital- (EMERUS) Council Crossing, Del City, Moore, OKC West.</b></p>	<p>Typical emergency department capabilities exist, with very limited post-emergency department adult-only inpatient care (no ICU, no surgery, no cardiac cath) available on-site. These facilities should be bypassed for a hospital-based emergency department when the patient's symptoms, exam, and/or diagnostics such as 12-lead ECG indicate the patient most likely requires very urgent or emergent intervention by a specialty physician that is hospital-based (eg. cardiac cath, surgery). Examples of typical transports allowed include: minor head trauma with no or brief LOC; MVC or falls with low suspicion for internal injury and normal vital signs; minor isolated/closed orthopedic injury; epistaxis; respiratory infections, including COPD or pneumonia that could require short term admission but not NIPPV/ICU care; dental injury/illness; fever in pediatrics and young adult (without hypotension/suspected sepsis); chest pain in patients less than 35 years of age, without ST elevation or depression on 12-lead ECG, and without coronary disease history; HTN illness; abdominal pain with normal vital signs and suspected non-surgical cause; prominent vomiting/diarrhea with suspected dehydration; genitourinary illness (infections, kidney stones, vaginal bleeding non-pregnant), neurological illness (headaches, seizure (non-status) with seizure history), psychiatric illness, allergic reactions, minor burns, dermal rashes, and MCI "green" patients.</p>
<p><b>St. John Medical Center Pediatric Capabilities</b></p>	<p>Internal medicine and ICU physicians will only treat patients 18 years of age and older. So, almost anyone under 18 years of age that, in the judgement of on-scene EMTs and Paramedics, will most likely require hospital inpatient admission and care beyond the emergency department should be taken to an alternative hospital destination. Many pediatric patients are successfully cared for with safe discharge home after emergency department-based care. Examples of such patients include non-toxic appearing febrile illness, febrile seizures that have resolved, seizures resolved prior to EMS arrival or with EMS care with a past medical history of seizure disorder, minor abdominal symptoms such as nausea/vomiting/diarrhea, lacerations without suspected underlying fracture(s), closed orthopedic injuries (sprains, strains, suspected simple fractures), and lower speed blunt trauma – motor vehicular, non-motorized scooters/bikes, and falls). Of note, at least one pediatric general surgeon, experienced in pediatric trauma care, two urologists doing pediatric surgeries, and multiple ear, nose, &amp; throat surgeons doing pediatric surgeries are on the medical staff. You may encounter pediatric patients established with these surgeons and their families may understandably wish to continue utilizing St. John Medical Center for their child's specific surgical care. St. John Medical Center is a Level II Trauma Center by a definition established by the American College of Surgeons Committee on Trauma, and will accept trauma patients 15 years and older. When any doubt arises if St. John Medical Center is an appropriate hospital destination, immediately request an on-line clinical consult with an on-duty emergency physician at St. John Medical Center to review with them the current clinical situation.</p>

#### Special Considerations

*	<b>Burn Center.</b> Burns associated with Priority I Trauma should be transported to Level I or II Trauma Centers
**	<b>Pediatric Burn Center.</b> Burns associated with Priority I Trauma should be transported to Level I or II Trauma Centers
***	See comments above for Freestanding EDs