



Portage County EMS Destination Determination for E.M.S. calls

PURPOSE

It is the purpose of this policy to provide guidelines for determining the appropriate transport destination for every patient.

PROCEDURE

- Patient preference should be honored if transport is requested to a **Primary Receiving** or **Routine Receiving Hospitals** unless:
 - Operational Issue with honoring request
 - Requested hospital is on diversion
 - Specialty Center Destination Criteria is met and patient is NOT decisional
 - Unstable condition
 - Patients meeting Specialty Center Destination Criteria should be transported directly to the Specialty Receiving Center
 - Patients whom are decisional are able to refuse transportation to a Specialty Center; be sure to document patient's informed refusal of transport the recommended Specialty Center and CONTACT MEDICAL CONTROL
- Unstable patients with conditions EMS is unable to manage but hospital may be able to manage (such as airway issues) should be transported to the closest hospital

Primary Receiving Hospital(s):

- Ascension St Michael's Hospital
 - Medical Control Facility
- Aspirus Stevens Point Free-Standing Emergency Department
 - Capabilities/limitations to be determined
- ThedaCare Medical Center-Waupaca

Additional Routine Receiving Hospitals: by patient request, do NOT need medical control approval unless operational or other concern present

- Aspirus Riverview Hospital

Primary Specialty Receiving Centers: Direct transport to these facilities if criteria are met, do NOT need medical control permission but consider contacting medical control for questions, to relay patient information (name, DOB) or facilitate Alert Activation (Trauma, STEMI, etc)

- Ascension Saint Clare's Hospital
 - STEMI or high risk cardiac patients
- Aspirus Wausau Hospital
 - STEMI or high risk cardiac patients
 - Trauma, primarily adults

- Marshfield Medical Center
 - STEMI or high risk cardiac patients
 - Trauma
 - Pediatric Trauma
- Both Ascension St Clares and Apirus Wausau Hospitals are in close enough geographic proximity to be considered to be the same locality so patients with STEMI may be transported to either hospital unless very unstable

Secondary Specialty Receiving Centers: Subspecialty Facilities outside routine transport geography; **Discuss** possibility of direct transport to these facilities with medical control if operationally appropriate

- Marshfield Medical Center
 - Medically Complex Patients (especially pediatrics): At patient/guardian request
- Ascension Saint Clare's Hospital
 - Medically Complex Patients: At patient/guardian request
- Aspirus Wausau Hospital
 - Medically Complex Patients: At patient/guardian request
- ThedaCare Regional Medical Center-Appleton
 - STEMI or high risk cardiac patients
 - Medically Complex Patients: At patient/guardian request
- ThedaCare Regional Medical Center-Neenah
 - Trauma
 - Medically Complex Patients (especially pediatrics): At patient/guardian request
- Ascension St Elizabeth's Hospital
 - STEMI or high risk cardiac patients
 - Medically Complex Patients: At patient/guardian request

STEMI Destination Criteria

- Patient with symptoms suggestive of STEMI and EKG findings meeting the STEMI definition:
 - EKG demonstrates ST elevation greater than 0.1 mV in at least 2 contiguous precordial leads (V1 – V6) or at least 2 adjacent limb leads
 - EKG demonstrates new left bundle branch block
 - If initial EKG is not diagnostic but clinical suspicion is high for STEMI, obtain serial EKGs at 5 to 10 minute intervals
 - Consult medical control for additional guidance
- Patient can be transported to a Primary PCI Center within 60 minutes of first ALS patient contact
 - Note: If the patient is at a physician's office or a walk-in clinic, the time begins when they arrive at the office or clinic
 - Consider all operational factors such as weather, roads, distance, patient access issues, etc
 - If concern about ability to arrive at Primary PCI Center within 60 minutes of First Medical Contact then discuss with Medical Control

Major Trauma Destination Determination

- In the setting of appropriate mechanism of injury, the following criteria are indicative of major trauma. When possible, these patients should be transported directly to a Level II trauma center via helicopter or ground transport if < 45 minute ground transport time (Based on State of WI Trauma Field Triage Guidelines)
- Step 2 or Physiologic Criteria
 - GCS \leq 13
 - SBP < 90
 - Respiratory rate < 10 or > 29 or < 20 in peds under 1 year of age or need for ventilatory support
 - Peds: 1 or more abnormality in the Pediatric Assessment Triangle
- Step 3 or Anatomic Criteria
 - Penetrating injuries to head, neck, torso or extremities proximal to elbow or knee
 - Chest wall instability or deformity (e.g. Flail chest)
 - Two or more suspected fractures involving the femur or humerus
 - Pelvic fracture/unstable pelvis
 - Open or depressed skull fracture
 - New onset paralysis (paraplegia, quadriplegia)
- Provider judgment of major trauma; below are criteria indicate that the patient is at an increased risk of major trauma when accompanied by appropriate signs/symptoms. Consult medical control.
 - Complete or partial amputation proximal to wrist or ankle
 - Falls: Adults > 20 ft. and children > 10 ft. or 2 – 3 times their height
 - High-risk auto crash: Intrusion, including roof > 12 in. at occupant site; > 18 in. at any site; Ejection (partial or complete) from automobile; Death in same passenger compartment; Vehicle telemetry data consistent with high risk of injury
 - Auto v. pedestrian/bicyclist thrown, run over or with significant (> 20 MPH) impact
 - Motorcycle crash > 20 MPH
 - Age (Older adults): Risk of injury death increases after age 55
 - SBP less than 110 mmHg may represent shock after age 65
 - Low impact mechanisms (e.g. ground level falls) may result in severe injury
 - Anticoagulation and bleeding disorders: patients with head injuries are at high risk for rapid deterioration
 - Pregnancy > 20 weeks