

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 even if such facility does not typically management primary underlying condition

Primary Receiving Hospital(s):

- Ascension St Michael's Hospital
 - Medical Control Facility
 - Primary STEMI Receiving Facility
 - Level III Trauma Facility
 - Inpatient Behavioral Health Unit
- Aspirus Stevens Point Free-Standing Emergency Department
 - Undesignated Trauma Facility
 - No Labor and Delivery Department
 - Pregnant patients greater than 20 weeks gestations with abdominal pain, back pain, vaginal bleeding/discharge or other presentation suggestive of active labor should not be transport to this facility
 - Mother/Child immediately after an out of hospital birth should not be transport to this facility
- Any questions about resource availability given Free Standing ED, please contact facility as soon as possible to discuss

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

- Aspirus Riverview Hospital
 - Level III Trauma Facility
- ThedaCare Medical Center-Waupaca
 - Level IV Trauma Facility

Primary Specialty Receiving Centers: Patients meeting Specialty Center Destination Criteria should be transported directly to the Specialty Receiving Center. Direct transport to these facilities 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 St Michael's Hospital
 - STEMI or high risk cardiac patients
- Aspirus Wausau Hospital
 - Trauma, primarily adults (Level 2)
- Marshfield Medical Center-Marshfield
 - Trauma (Level 2)
 - Pediatric Trauma (Level 2)

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-Marshfield
 - Medically Complex Patients (especially pediatrics): At patient/guardian request
 - Secondary STEMI Receiving Center
- Marshfield Medical Center-Weston
 - Medically Complex Patients: At patient/guardian request
 - Secondary STEMI Receiving Center
- Aspirus Wausau Hospital
 - Medically Complex Patients: At patient/guardian request
 - Secondary STEMI Receiving Center
- 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 ≤ 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
 - Complete or partial amputation proximal to wrist or ankle
 - 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. Patient should be transported to preferentially to trauma center but does not necessarily need to be highest level trauma center. Consult medical control for guidance.
 - 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