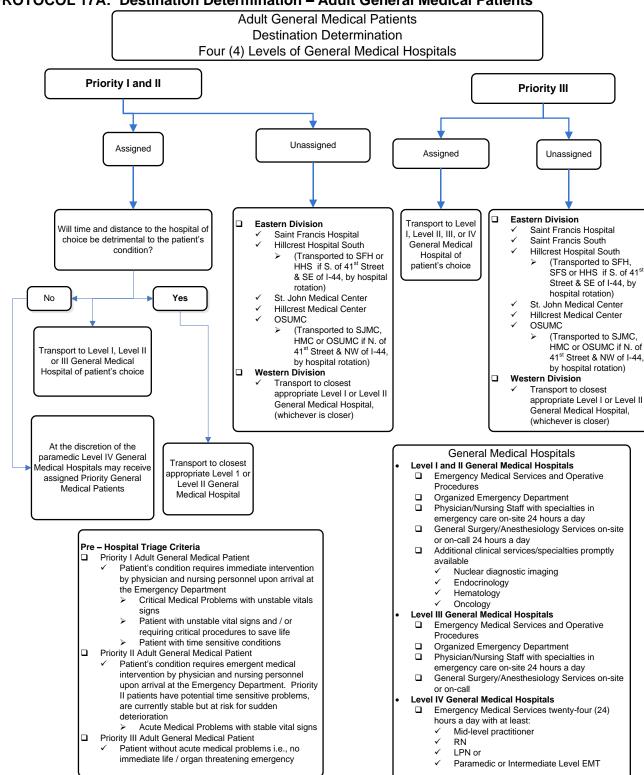


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PROTOCOL 17A: Destination Determination – Adult General Medical Patients

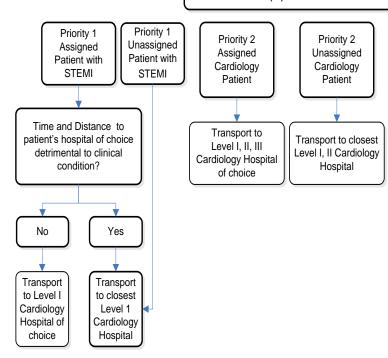




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PROTOCOL 17A: Destination Determination – Adult Cardiology Patients

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

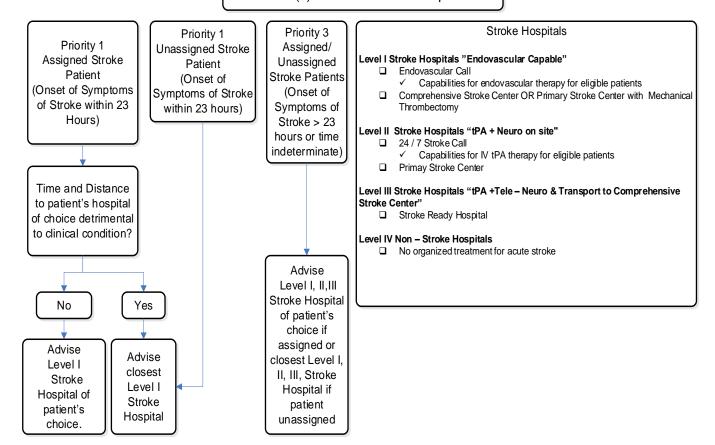
- Priority I Adult Cardiology Patient
 - Examples:
 - ✓ Unstable Angina
 - ✓ Acute myocardial infarction / STEMI
 - Any complex of signs and symptoms consistent with acute coronary syndrome and cardiac decompensation, i.e., pulmonary edema, symptomatic cardiac dysrhythmia
- Priority II Adult Cardiology Patient
 - Example:
 - ✓ Cardiac patients with pre-existing condition requiring evaluation only



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PROTOCOL 17A: Destination Determination - Adult Stroke Patients

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 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



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PROTOCOL 17A: Destination Determination – Adult Trauma Patients Adult Trauma Patients **Destination Determination** Four (4) Levels of Trauma Centers **Priority I Trauma / Adult Patient Priority II Trauma / Adult Patient** Eastern Western Division **Fastern** Western Division Division Division P- II Trauma / Adult Patient P- II Trauma / Adult Patient* □ IF patient located <u>SOUTH</u> of Assigned patients go to 41st Street and SE of I - 44 P - I Trauma / Adult Patient **OU Medical** Level III Trauma Center of then transport assigned ■ Saint Francis Hospital Center patient* to either: choice Patient located south Unassigned patients go to *Saint Francis Hospital of 41st Street and closest Level III Trauma Hillcrest Hospital South southeast of I-44 Center or **OU Medical Center** Unassigned P – II Trauma / Designated On-Call Hospital Isolated P-1 Adult ☐ St. John Medical Center if Isolated Hand, Face, neurologically-injured Hospital Rotation within Patient located north Neurosurgery and currently patients(unstable) of 41st Street and stable Saint Francis Hospital northwest of I-44 P-II Hand injuries: transport to Saint Francis Hospital. *At the discretion of the Priority III Trauma / Adult Patient P- II Trauma / Adult Patient paramedic ASSIGNED P - II ☐ IF patient located NORTH of 41 street and NW of I - 44 Adult Trauma patients may be transported to their hospital of then transport assigned patient* to either: choice, regardless of their **Assigned Patient Unassigned Patient** location, as long as the time and *St. John Medical Center Eastern Division Eastern Division distance is NOT detrimental to Hillcrest Medical Center Western Division Western Division the patient's clinical condition *OSUMC Unassigned P - II Trauma / AND the patient has been fully educated to the trauma system Hospital of **Eastern Division** design yet still makes an Hospital Rotation within Patient's Choice informed decision to be taken to Hospital Rotation their hospital of choice within zone P-II Hand injuries: transport to **Western Division** St. John Hospital or OSUMC Closest Hospital 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

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.

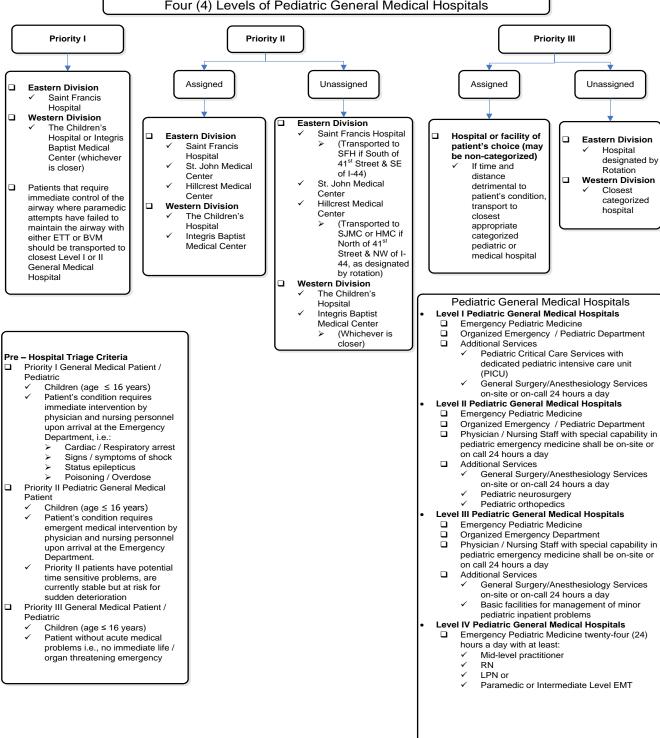
- Emergency Medical Services with organized trauma services
- Physician/Nursing Staff with some specialties in trauma care available 24 hours a day
- Level III Trauma Centers are intended to receive patients at risk for severe injury with normal, stable vital signs or patients with single system injuries
- 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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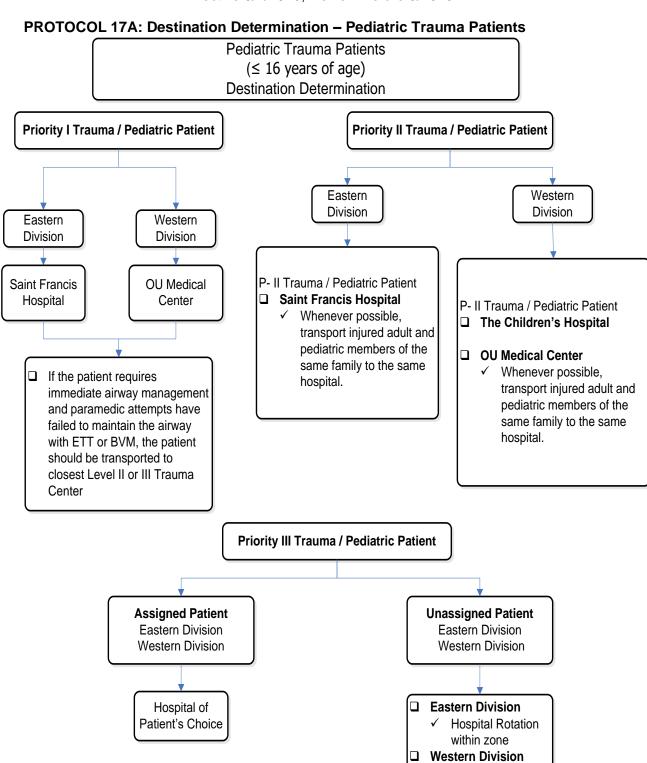
PROTOCOL 17A: Destination Determination – Pediatric General Medical Patients

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





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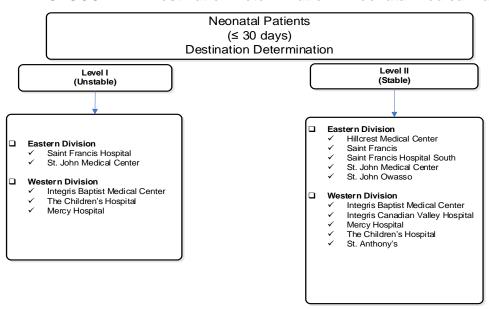


✓ Closest Hospital



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PROTOCOL 17A: Destination Determination - Neonatal Medical Patients



Neonatal Priority Determination

Priority I - Unstable

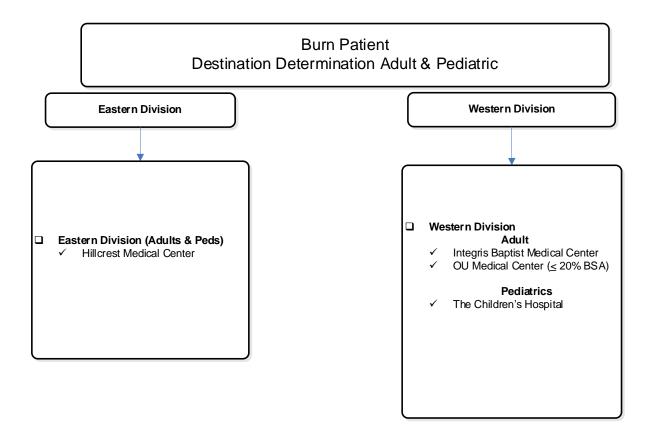
- Ćardiac or respiratory arrest Less than 35 weeks gestation at time of birth(estimated)
- APGAR ≤ 5 at 5 minutes
- □ SpO2 less than 90% on oxyg
 □ Diagnosed genetic disorders SpO2 less than 90% on oxygen

Priority II - Stable

- 35 weeks or later gestation at time of birth (estimated)
- APGAR > 5 at 5 minutes
 No immediate life threat identified



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Burn Determination

- Determination Criteria
 - ☐ Burns with trauma should be transported to the Trauma Center.
 - ☐ In the Western Division burns should be transported to the closest appropriate burn capable destination.