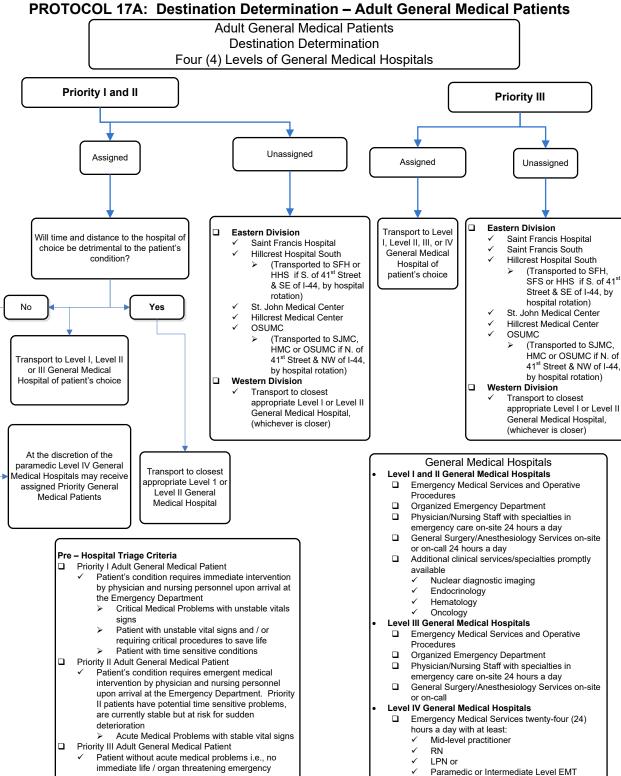


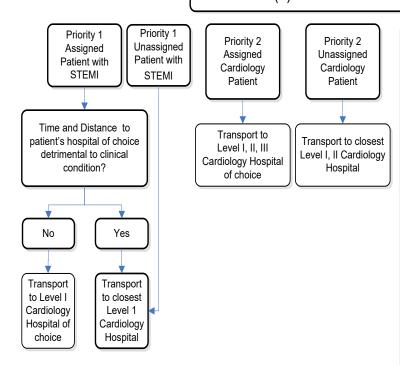
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Approved 11/08/23, Effective 1/15/24, replaces all prior versions PROTOCOL 17A: Destination Determination – Adult Cardiology Patients

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

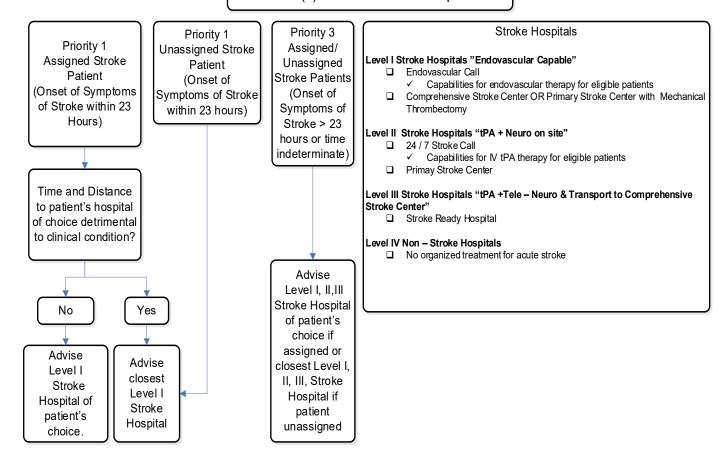
Definition of Adult Cardiology Patient

- 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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Adult Stroke Patients
Destination Determination
Three (3) Levels of Stroke Hospitals



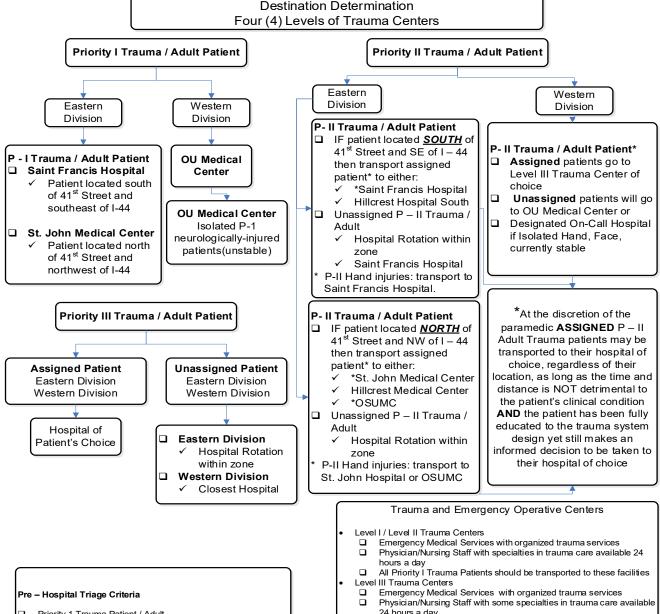
Definition of Adult Stroke Patient

- □ 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
 - Éxamples:
 - Patient with acute stroke symptoms > 23 hours of onset or time indeterminate with abnormal Los Angeles Prehospital Stroke Screen



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> Adult Trauma Patients **Destination Determination**



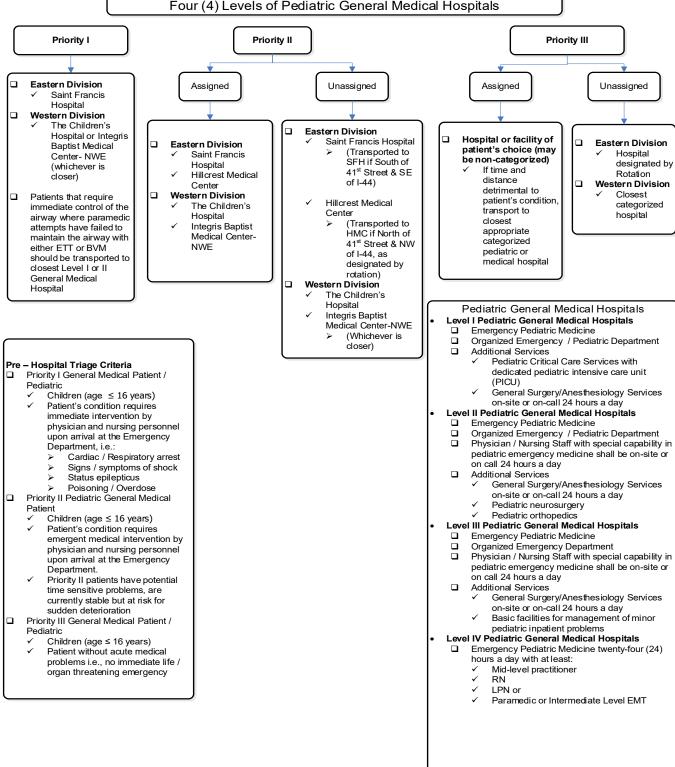
- Priority 1 Trauma Patient / Adult
 - Patients with high energy blunt or penetrating trauma with physiologic or anatomic abnormalities
- Priority 2 Trauma Patient / Adult
 - Patients who are involved in a high energy event with risk for severe injury despite stable or normal vital signs with no altered mentation or respiratory distress or patients with a single systeminjury
 - 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.

- 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
- 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
 - I PN or
 - Paramedic or Intermediate Level FMT
 - 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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Pediatric General Medical Patients
Destination Determination
Four (4) Levels of Pediatric General Medical Hospitals



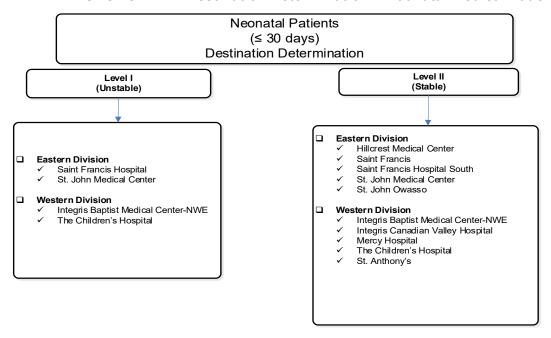


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PROTOCOL 17A: Destination Determination – Pediatric Trauma Patients Pediatric Trauma Patients (< 15 years of age) **Destination Determination** Priority I Trauma / Pediatric Patient **Priority II Trauma / Pediatric Patient** Western Eastern Division Division Eastern Western Division Division P- II Trauma / Pediatric Patient Saint Francis **OU Medical** ☐ Saint Francis Hospital Hospital Center P- II Trauma / Pediatric Patient √ Whenever possible, ☐ The Children's Hospital transport injured adult and pediatric members of the ■ OU Medical Center same family to the same ✓ Whenever possible, ☐ If the patient requires hospital. transport injured adult and immediate airway management pediatric members of the and paramedic attempts have same family to the same failed to maintain the airway hospital. with ETT or BVM, the patient should be transported to closest Level II or III Trauma Center **Priority III Trauma / Pediatric Patient Assigned Patient Unassigned Patient** Eastern Division Eastern Division Western Division Western Division Hospital of **Eastern Division** Hospital Rotation Patient's Choice within zone ■ Western Division Closest Hospital



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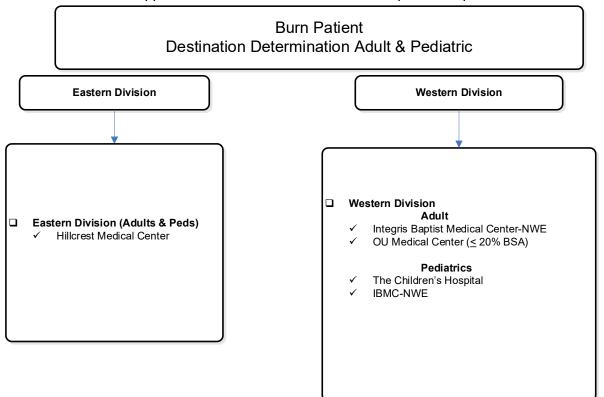


Neonatal Priority Determination

- Priority I Unstable
 - ☐ Cardiac or respiratory arrest
 - ☐ Less than 35 weeks gestation at time of birth(estimated)
 - APGAR ≤ 5 at 5 minutes
 - $\hfill \square$ SpO2 less than 90% on oxygen
 - Diagnosed genetic disorders
- 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 P1 or P2 trauma should be transported to the Trauma Center.
 - Burns with P3 trauma can be transported to IBMC-NWE if closest facility
 - In the Western Division burns should be transported to the closest appropriate burn capable destination.