Initial Date: June, 2023
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Transportation Protocol

Purpose: To define the decision-making process to be followed by EMS personnel in order to ensure patients are transported to a facility appropriate for their condition.

Note:
Closest Appropriate Emergency Facility is the emergency facility that is closest to the scene address in time or distance. The closest facility should be utilized, taking into consideration weather, traffic, construction, time of day, helicopter pad location on the property and patient care history.

I. Transportation Procedure

A. Priority 3 patients (medical or trauma): Transport to an appropriate Emergency Facility of the patient's or patient's family choice, or closest if no preference.

1. Patient Priority is defined in the **8.2 Patient Prioritization Protocol** for criteria.
2. For psychiatric emergencies, transport patient to the closest facility per the **1.8 Psychiatric Emergencies Protocol**.

B. Priority 1 and 2 (medical) Patients: Transport to the closest appropriate Emergency Facility. As defined above.

1. **ST Elevation Myocardial Infarction (STEMI) - Acute**
   Patients with presumed acute myocardial infarction, transport to an interventional cardiac facility.
   a. See **5.5 Chest Pain/Acute Coronary Syndrome Protocol** for STEMI criteria.
2. **Return of Spontaneous Circulation (ROSC)**
   Patients with ROSC, in most circumstances transport to an interventional cardiac facility. Notify receiving hospital, as soon as possible, of impending arrival of the patient and give ETA.
3. **Burns**
   See **2.3 Burns Protocol** for criteria. If transporting directly to a burn center notify destination hospital as soon as possible of impending arrival of the patient and give ETA.
4. **Stroke**
   a. Transport to closest appropriate stroke facility.
      i. Patients with a FAST-ED score of ≥4, transport to a Level 1 – Comprehensive or Level 2 Thrombectomy Capable Hospital.
   b. See **3.2 Stroke Protocol** for criteria.

5. **Obstetrical**
   Pregnancy greater than 20 weeks, transport to an OB facility. Notify receiving hospital, as soon as possible, of impending arrival of the patient and give ETA.
   a. See **4.2 Obstetrical Emergencies Protocol** for criteria.

C. Trauma Patients that meet the "Red Criteria": Transport to the closest appropriate Level 1 or 2 trauma center.

RED CRITERIA
High Risk for Serious Injury

Injury Patterns	Mental Status & Vital Signs
• Penetrating injuries to head, neck, torso, and proximal extremities • Skull deformity, suspected skull fracture • Suspected spinal injury with new motor or sensory loss • Chest wall instability, deformity, or suspected flail chest • Suspected pelvic fracture • Suspected fracture of two or more proximal long bones • Crushed, degloved, mangled, or pulseless extremity • Amputation proximal to wrist or ankle • Active bleeding requiring a tourniquet or wound packing with continuous pressure	**All Patients** • Unable to follow commands (motor GCS < 6) • RR < 10 or > 29 breaths/min • Respiratory distress or need for respiratory support • Room-air pulse oximetry < 90% **Age 0–9 years** • SBP < 70mm Hg + (2 x age in years) **Age 10–64 years** • SBP < 90 mmHg or • HR > SBP **Age ≥ 65 years** • SBP < 110 mmHg or • HR > SBP

Patients meeting any one of the above RED criteria should be transported to the highest-level trauma center available within the geographic constraints of the regional trauma system

Note: Isolated hip fractures transport to a Level 1, 2 or 3 Trauma Center.

D. Trauma Patients that meet the "Yellow Criteria": Transport to a Level 1, 2 or 3 Trauma Center.

YELLOW CRITERIA
Moderate Risk for Serious Injury

Mechanism of Injury	EMS Judgment
• High-Risk Auto Crash – Partial or complete ejection – Significant intrusion (including roof) • >12 inches occupant site OR • >18 inches any site OR • Need for extrication for entrapped patient – Death in passenger compartment – Child (age 0–9 years) unrestrained or in unsecured child safety seat – Vehicle telemetry data consistent with severe injury • Rider separated from transport vehicle with significant impact (eg, motorcycle, ATV, horse, etc.) • Pedestrian/bicycle rider thrown, run over, or with significant impact • Fall from height > 10 feet (all ages)	**Consider risk factors, including:** • Low-level falls in young children (age ≤ 5 years) or older adults (age ≥ 65 years) with significant head impact • Anticoagulant use • Suspicion of child abuse • Special, high-resource healthcare needs • Pregnancy > 20 weeks • Burns in conjunction with trauma • Children should be triaged preferentially to pediatric capable centers **If concerned, take to a trauma center**

Patients meeting any one of the YELLOW CRITERIA WHO DO NOT MEET RED CRITERIA should be preferentially transported to a trauma center, as available within the geographic constraints of the regional trauma system (need not be the highest-level trauma center)

II. ALS Intercept Procedure

When a transporting BLS Agency responds to an EMS request and subsequently initiated patient transport to a receiving Hospital, and an ALS Agency has been simultaneously dispatched to the same EMS request, ALS intercept will only occur:

1. When ALS intercept would probably result in an improved patient care outcome.
2. With Medical Control approval.
3. When requested by the transporting BLS Agency.

III. Inter-County EMS Response and Transporting Procedure

In the pre-hospital setting, emergency medical services situations occurring in proximity to a county line are the responsibility of the Medical Control Authority in which the situation occurred. As such, the responding EMS unit will operate under their home MCA protocols.