

Transport Plans

Name of Service:	City:
Service Level: <input type="checkbox"/> BLS <input type="checkbox"/> BLS With ALS Capabilities <input type="checkbox"/> ALS	
Squad Leader:	Medical Director:

Resources

ALS Ground Intercepts		ALS Air Intercepts	
Trauma CAH(s)	Level	Regional Trauma Center(s)	
Acute Stroke Ready Hospital(s)		Primary Stroke Center(s)	
Cardiac (Thrombolytic) Capable Hospital(s)		Primary Plus/Thrombectomy-Capable Stroke Center(s)	
PCI Center(s)		Comprehensive Stroke Center(s)	
On-Line Medical Control			
Medical Director Signature:			Date:
For DEMS Use Only:			
Approved By:			Date:

General Transport Guidelines

Intercept Considerations (Ground and Rotor Wing)

- ALS intercept is required by BLS ambulance services for patients exhibiting traumatic injuries that meet trauma code activation criteria, cardiac chest pain or acute myocardial infarction, cardiac arrest, stroke symptoms, severe respiratory distress, or respiratory arrest.
- ALS intercept should be considered by BLS ambulance service for pain control and any other medical condition the EMT feels warrants an intercept.

Destination Determination Considerations

- Transport medical patients to the nearest hospital. You may bypass a hospital to transport to another hospital that is more capable in treating the patient's condition with concurrence of medical control or with a physician's order.
- Patients with life threatening conditions or symptoms (i.e. airway obstruction, cardiac arrest, anaphylaxis, etc) should be transported directly to the nearest hospital.
- When the difference in estimated transport times to more than one hospital is less than ten minutes, the hospitals may be presumed to be of equal transport distance.
- If a patient's condition is stable and he/she is requesting transport to a hospital that is farther away, the ambulance may honor that request under the following conditions:
 - Medical control/direction has concurred
 - Additional transport time will not adversely affect the patient's condition
 - The patient has been advised and understands that insurance may not cover the additional expense of a longer transport
 - Weather and road conditions are acceptable
 - The additional transport time will not place the service area uncovered for an unreasonable amount of time

General Transport Guidelines

(Non-Specific Conditions)

A detailed zone map of the service area should be developed if the guidelines for intercept or destination determination vary depending upon which part of the service's response area an incident occurs (Attached maps are acceptable).



Trauma

Intercept Considerations (Ground and Rotor Wing)

- ALS intercept is required by BLS ambulance services for patients exhibiting traumatic injuries that meet trauma code activation criteria.

Destination Determination Considerations

- Emergency medical services may bypass the nearest designated trauma center for a higher level trauma center provided that it does not result in an additional thirty minutes or more of transport time. If the additional transport time would be greater than thirty minutes, the transporting emergency medical services personnel must contact online medical direction for permission to bypass or as defined in the transport protocol.

Ambulance services must include a copy of the criteria utilized to activate / call a trauma code.

Trauma

A detailed zone map of the service area should be developed if the rules for intercept or destination determination vary depending upon which part of the service's response area an incident occurs (Attached maps are acceptable).



Medical Director Signature

Date

Cardiac

Intercept Considerations (Ground and Rotor Wing)

- ALS intercept is required by BLS ambulance services for patients exhibiting chest pain and cardiac symptoms. Ambulance services must activate a STEMI alert for patients who meet STEMI criteria.

Destination Determination Considerations

- If STEMI confirmed by ALS provider or medical control
 - If ground transport time < 75 minutes to PCI Center - transport direct to PCI Center
 - Transmit 12-lead to PCI Center and call ASAP with patient report
 - If ground transport time > 75 minutes to PCI Center - transport to closes appropriate hospital
 - Transmit 12-lead to closes appropriate hospital, call ASAP with patient report, verify receipt of 12-lead and request activation of air medical transport if available.
- If patient is in cardiogenic shock or in eminent respiratory failure, then transport to closest appropriate hospital and request activation of air medical transport if available.
- A patient suffering acute chest pain that is believed to be cardiac in nature or an acute myocardial infarction determined by a 12-lead electrocardiograph must be transported to a licensed health care facility with capacity or designation for performing Percutaneous Coronary Intervention or fibrinolytic therapy per current approved state guidelines. This may result in bypassing a closer licensed health care facility for another located farther away.

Ambulance services must include a copy of the criteria utilized to activate / call a STEMI alert.

Cardiac

A detailed zone map of the service area should be developed if the rules for intercept or destination determination vary depending upon which part of the service's response area an incident occurs (Attached maps are acceptable).



Medical Director Signature

Date

Stroke

Intercept Considerations (Ground and Rotor Wing)

- ALS intercept is required by BLS ambulance services for patients exhibiting stroke symptoms. Ambulance services must activate a Stroke alert for patients who meet stroke activation criteria.

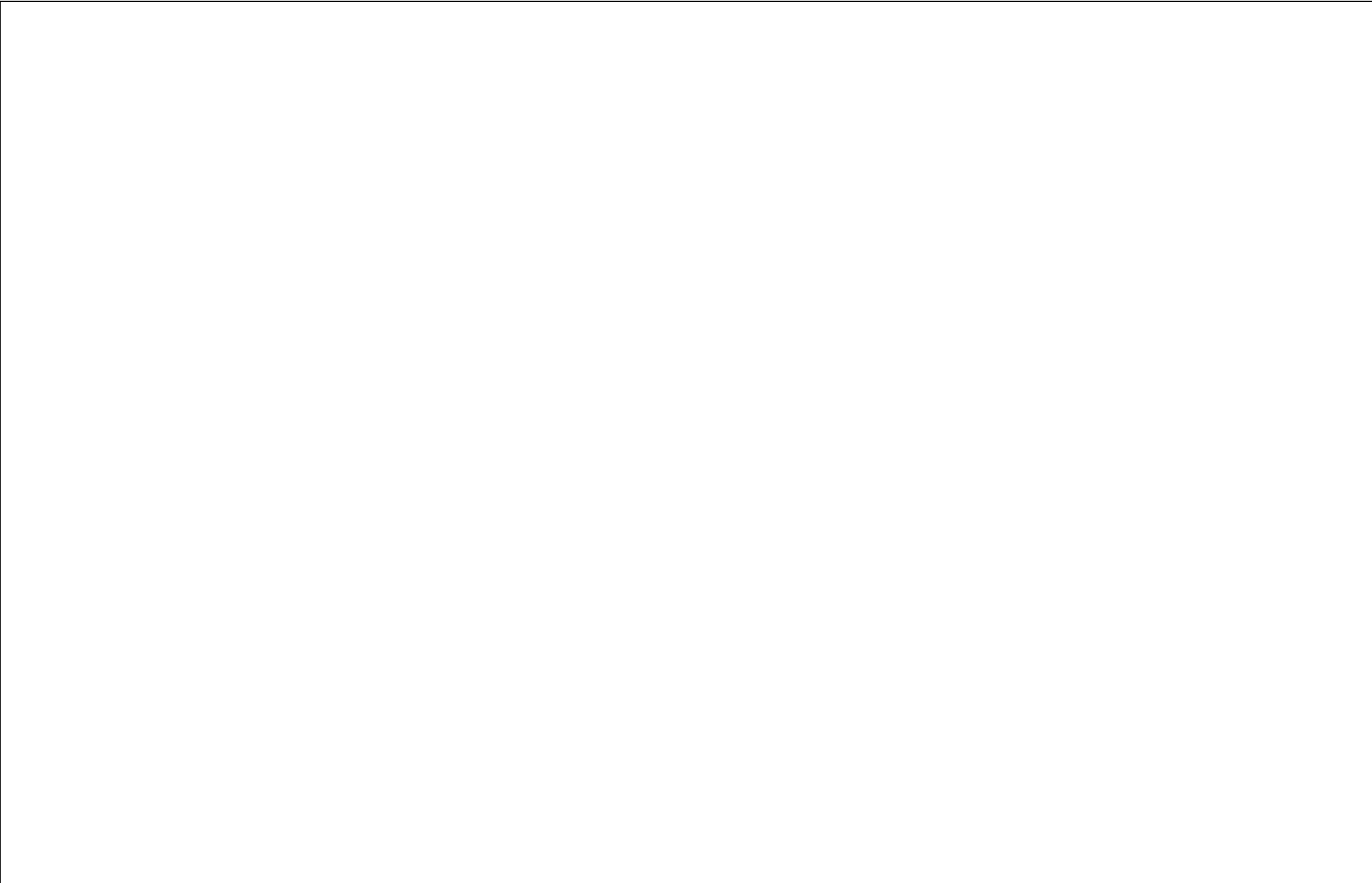
Destination Determination Considerations

- A patient suffering a suspected stroke must be transported to a designated acute stroke ready hospital, primary, primary plus, thrombectomy-capable, or a comprehensive stroke center. This may result in bypassing a closer licensed health care facility for another located farther away.

Ambulance services must include a copy of the criteria utilized to activate / call a stroke alert.

Stroke

A detailed zone map of the service area should be developed if the rules for intercept or destination determination vary depending upon which part of the service's response area an incident occurs (Attached maps are acceptable).



Medical Director Signature:

Date