

Patient Destination

General Guidelines

- 1) Whenever possible, ambulances shall deliver patients to the hospital of their choice according to the patient / immediate family / physician requests provided that request is appropriate to the on scene prehospital providers, so long as the request is in accordance with these destination guidelines.
- 2) In life threatening, or acutely deteriorating patients, ambulances may contact and/or transport to the nearest appropriate civilian hospital capable of rendering the level of care to the patient's needs. In addition, the ambulance may transport to any hospital for assistance with stabilization and resuscitation of **any** age and type of patient at the discretion of the prehospital personnel. These ambulances shall never be denied access to these hospitals.
- 3) Patients without a hospital preference shall be transported to the closest, most appropriate civilian hospital so long as the request is in accordance with these destination guidelines.
- 4) When necessary, responsibility for determining patient destination lies with the prehospital providers, including mode and route of transport, with the assistance of medical direction if needed.
- 5) The prehospital providers will consider, with their respective AOC (administrators on call), risks versus benefits of transports for scene transports as well as interfacility transports. The Teller County EMS Council Ground Transport Risk Assessment Tool shall be utilized for any inclement weather conditions or interfacility transports to help guide risk assessment and decisions. The prehospital providers may recommend delaying transfer of a patient or choose alternative patient destinations, whether or not this destination falls within this guideline, due to high ground transport risk. Medical direction may be consulted at any time to assist with this decision.

Exceptions

- 1) In multi-casualty incidents (MCI), the destination responsibility lies with the medical control officer on scene.
- 2) Police may determine hospital destination for individuals in custody or under arrest, so long as this destination decision falls within these guidelines. Medical control will be contacted in the even a destination request falls outside of these guidelines. The police must escort this patient to the destination as well.
- 3) Trauma patients shall be taken to the appropriate destination based on the adult and pediatric trauma guidelines to follow, designated pursuant to the Statewide Trauma Care System Act.
- 4) Alternative destinations for patients may be allowed so long as emergency medical care is not required (for transport of a patient non-emergency to a clinic, etc for medical care).
- 5) Alternative destinations for patients may be allowed for non-emergency transport of patients to mental health assessment and management centers or detox for psychiatric patients and alcohol patients once prehospital mental health assessment evaluation is complete per protocol.
- 6) If, due to weather or other circumstance, a STEMI patient is expected to have a transport time of longer than 60 minutes to a PCI facility (Penrose or Memorial Central), transport to the closest Emergency Department (Pikes Peak Regional or St. Thomas More) shall occur for consideration or administration of IV thrombolytics.
- 7) Acute stroke patients should be taken to the closest Emergency Department including all hospitals within our region for TPA consideration.

Patient Destination

Pikes Peak Regional Hospital Diversion Criteria

Patients meeting any of the following criteria shall **not** be transported to Pikes Peak Regional Hospital, unless needed for stabilization at the discretion of the prehospital providers:

- 1) Cardiorespiratory arrest patients **with** return of spontaneous circulation
 - a) Pulseless patients **should** be taken to Pikes Peak Regional if even transported
 - b) Hemodynamically abnormal or difficult airway patients **may** be taken to Pikes Peak Regional for stabilization if the prehospital crew is unable to manage these situations during transport
- 2) Surgical patients with **any** of the following:
 - a) On field-initiated oxygen > 3 LPM
 - b) Hemophiliacs or other bleeding disorders (does not include cirrhosis or patients on anti-coagulants)
 - c) End stage renal failure
 - d) Under 3 years of age
 - e) Creatinine > 2
- 3) Combative or significantly altered psychiatric or alcohol clients
- 4) 12-lead EKG confirmed STEMI* or confirmed elevated troponin
- 5) Patients meeting trauma guidelines for transport to other destinations
- 6) Suspected aortic dissection or aneurysm
- 7) Patient intubated or on a ventilator
- 8) Orthopedic injury with vascular compromise after attempted field reduction
- 9) GI Bleed with **any** of the following:
 - a) Active hemorrhage
 - b) Anticoagulation
 - c) Hemodynamic instability
- 10) Ischemic extremities
- 11) Impending respiratory failure
- 12) Moderate to severe hypothermia (will accept isolated frozen extremity for tPA administration prior to transfer to burn center)
- 13) Complications of pregnancy > 20 weeks gestation
- 14) **Pediatric** patients with **any** of the following:
 - a) Neonates up to 2 months post-gestational age
 - b) Depressed or deteriorating neurologic status
 - c) Persistent respiratory distress or failure
 - d) Requiring endotracheal intubation and/or ventilatory support
 - e) Suspected abuse
 - f) Shock, uncompensated or compensated
 - g) Potential need for invasive monitoring (arterial and/or central venous pressure)
 - h) Potential need for intracranial pressure monitoring
 - i) Potential need for vasoactive medications
 - j) Potential PICU

* If, due to weather or other circumstance, a STEMI patient is expected to have a transport time of longer than 60 minutes to a PCI facility (Penrose or Memorial Central), transport to the closest Emergency Department (Pikes Peak Regional or St. Thomas More) shall occur for consideration or administration of IV thrombolytics.

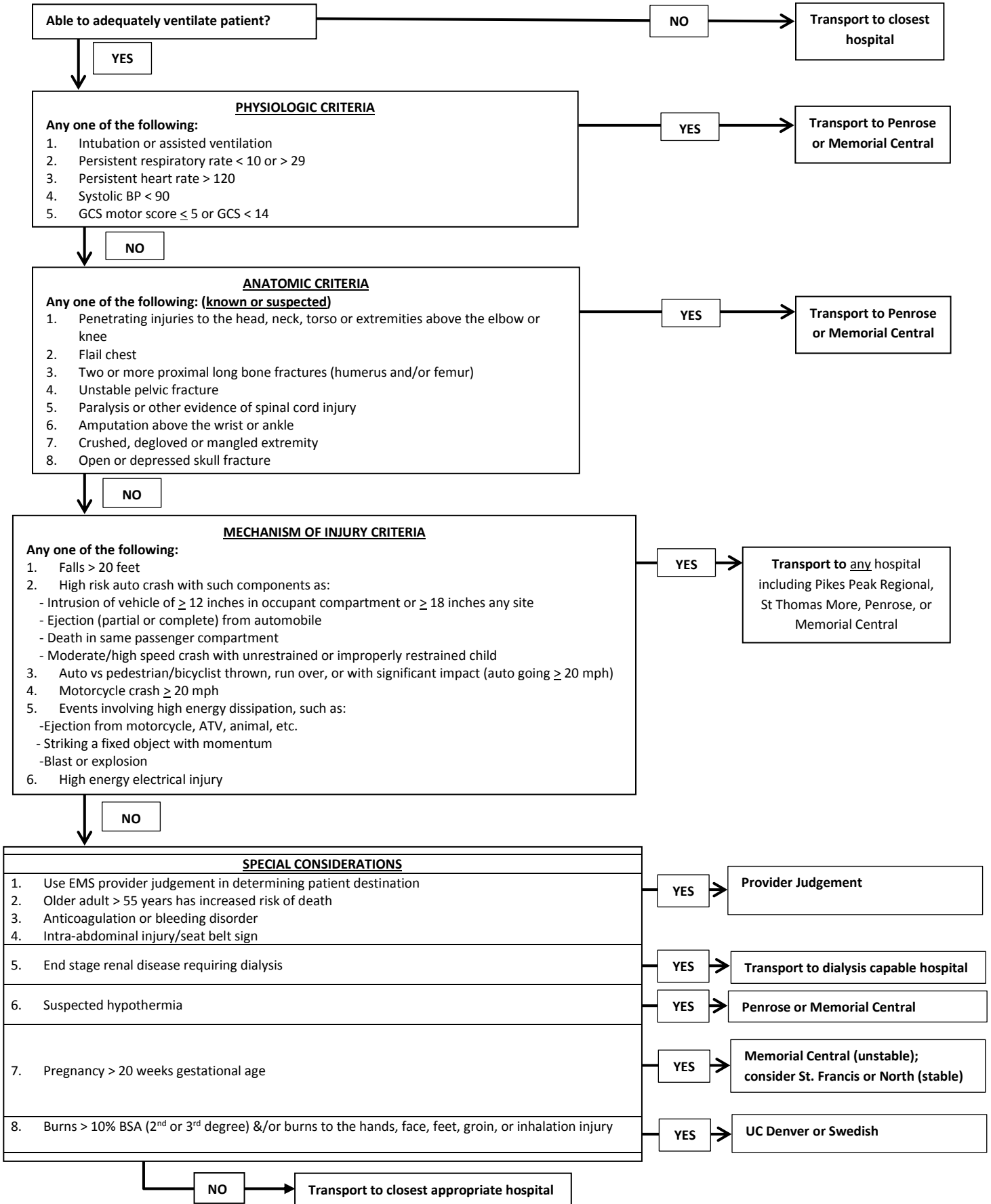
Patient Destination



Children's Hospital COS Destination Guideline

- 1) Pediatric patients with any of the following SHOULD consider transport to Children's Hospital Colorado Springs
 - a) Any critically ill pediatric patient (provider discretion) (Pikes Peak Regional Hospital Diversion Criteria Numbers 14 a – j)
 - b) Cardiac arrest with ROSC
 - c) Status epilepticus
 - d) Medically complex patient cared for primarily by Children's Hospital physicians or established care plan
 - e) Respiratory distress in the technology-dependent child
 - f) Suspected:
 - i) Button Battery ingestion
 - ii) Suspected non-accidental trauma

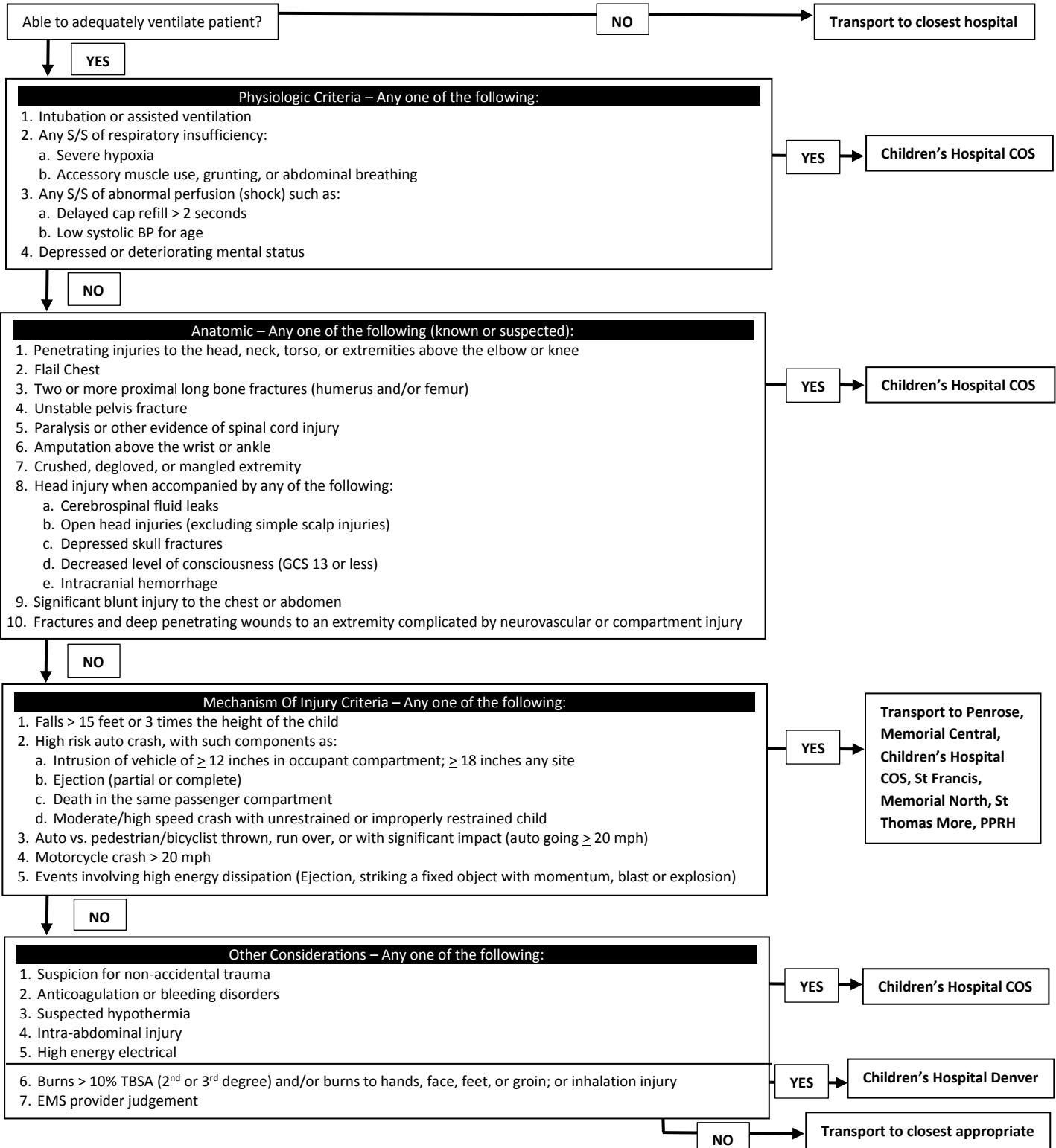
TELLER COUNTY ADULT TRAUMA DESTINATION GUIDELINE Adult Patients (Ages 15 and older)



TELLER COUNTY PEDIATRIC TRAUMA DESTINATION GUIDELINE Pediatric Patients (Ages 14 and younger)

PATIENT POPULATION: This guideline is intended for trauma patients 14 years and younger (patients 15 years & older follow adult trauma guidelines listed prior).

ANY UNSTABLE PATIENT THAT CANNOT BE STABILIZED EN ROUTE BY EMS SHOULD BE TAKEN TO THE NEAREST EMERGENCY DEPARTMENT FOR STABILIZATION (including Penrose, St. Francis, Memorial Central, Memorial North, Children's Hospital Colorado Springs, St. Thomas More, or Pikes Peak Regional Hospital)



Patient Destination



Condition	Penrose Hospital	Memorial Central	Grandview Hospital	St Francis	Memorial North	Children's Hospital COS	PPRH	St Thomas More
Critical Illness (Adult)	YES	YES	YES	YES	YES	NO	NO	YES
General Illness (Adult)	YES	YES	YES	YES	YES	NO	YES	YES
Critical Illness (Pediatric)	NO	NO	NO	NO	NO	YES	NO	NO
General Illness (Pediatric)	YES	YES	YES	YES	YES	YES	YES	YES
STEMI	YES	YES	NO	YES	YES	YES < 18 years old	NO	NO
Stroke < 4 hours	YES	YES	YES	YES	YES	YES	YES	YES
Stroke > 4 hours	YES	YES	NO	NO	NO	YES	NO	NO
Behavioral/ETOH	YES	YES	YES	YES	YES	YES	YES	YES
SANE (sexual assault)	NO	YES	NO	NO	YES Call prior to transport	YES	NO	NO
OB < 20 weeks	YES	YES	YES	YES	YES	NO	YES	YES
OB ≥ 20 weeks	NO	YES	NO	YES	YES	NO	NO	NO
Pediatrics: Trauma < 15 years old								
Medical < 18 years old								