

REGIONS HOSPITAL EMS	
POLICY/PROCEDURE: Transportation Policy	Page 1 of 2
ISSUED BY: Medical Director	No. 09-109
DATE: April 1, 2009	Supersedes: No. 07-108

Purpose:

To assure that patients with special medical or trauma needs are transported to the most appropriate facility.

Policy:

1. Patients should be transported to the hospital of their or their physician's choice. There are however certain circumstances in which the patients choice must be over-ridden by the ambulance provider or on-line medical direction .The following is a list of those appropriate diversions:
 - A. **Burn Center:** Patients with second and third degree burns > 10% TBSA, burns to hands, face, feet, perineum, or major joints, electrical burns, including lightning, chemical burns, especially hydrofluoric acid burns, and inhalation injuries. *Patients with underlying or pre-existing medical conditions that may prolong recovery, complicate management, or affect mortality may be diverted to a Burn Center. Patients with concomitant trauma must be taken to a Level 1 Trauma Center.*
 - B. **Trauma Center:** Patients with profound shock (blood pressure< 90mm Hg systolic [adult] with or without anti-shock garment in place, persistent post-traumatic unconsciousness, neurologic injuries consisting of skull fracture (open or depressed), posturing, or limb paralysis, penetrating trauma to head, neck, or torso, severe burns, partial or complete amputations above the ankle or wrist, profound hypothermia (<95 degrees F.), traumatic airway compromise, pelvic instability, flail chest, two or more long bone (humerus or femur) fractures, traumatic cardiac arrest, near drowning, third trimester pregnant patients with bleeding or shock from trauma will be transported to a Level 1 Trauma Center. **Patients with the following significant mechanism of injury will be transported to a Level 1 Trauma Center, regardless of extent of injuries:** Adult fall from > 20 feet (approximately 2 stories), evidence of high speed (>40mph), vehicle deformity (>20 inches), intrusion into the patient compartment (>12 inches), auto vs. pedestrian or biker (motorized or pedal) with significant impact (> 20 mph), pedestrian thrown or run over, ejection from vehicle, death in same patient compartment, extrication time >20 minutes, high speed rollover, or any patient the EMS provider or MRCC operator feels will benefit from being transported to a Level 1 Trauma Center instead of a Level 3 or Level 4 facility.
 - C. **Level 1 Cardiac Centers/Cath Lab Activation:** Patients with cardiac symptoms who have ST elevation of > 2mm in two or more contiguous v-leads or >1mm in the limb leads, and the QRS complex is narrower than 0.12 (3 small boxes) seconds, should be transported to a Level 1 Cardiac Center as approved by the East Metro Physician Advisory Committee (EMPAC). Regions, United and St. Joseph's Hospitals allow prehospital providers to activate their cath

labs from the scene using the above criteria. Contact MRCC and ask for a Cath Lab Activation for these hospitals.

- D. **Hyperbaric Centers:** Patients who are transported with symptoms of severe CO poisoning and not exposed to smoke or fire should be transported to Hennepin County Medical Center. Signs and symptoms of severe CO exposure include: history of loss of consciousness, lethargy, confusion, disorientation, seizures, focal neurological deficits, ischemic chest pain, new dysrhythmias, 12 lead ECG changes, and hypotension. Pregnant patients who are transported with symptoms of CO poisoning but not exposed to smoke or fire should be transported to Hennepin County Medical Center for possible hyperbaric therapy. All patients, including pregnant patients, who are transported with signs and symptoms of CO exposure due to exposure to smoke or fire should be taken to the closest burn center. Patients in respiratory or cardiac arrest should be transported to the closest facility.
- E. **Specialized OB Centers:** Patients in active labor who are between 20 and 32 weeks gestation (5-8 months) and anticipated to have or are having complications with delivery should be transported to the most appropriate facility and should have early alert of the patients OB physician. United Hospital remains the only Level IIIA nursery in the east metro, and all patients meeting the above criteria should be transported there. Special requests by OB patients in active labor who are between 28 and 32 weeks to be transported to St. John's Hospital must be facilitated through MRCC.
- F. **Adolescent Psychological Centers:** Patients under 18 years old should be transported to a facility that can evaluate and treat psychological/behavioral/chemical dependency problems. Currently those facilities are either Fairview Riverside or United Hospital.
- G. **Pediatric Centers:** Critically ill children should be transported to a children's hospital. Children sustaining traumatic injuries as defined above must be transported to a Level 1 Trauma Center with pediatric capabilities. These hospitals include Regions, HCMC, and North Memorial.
- H. **Stroke Centers:** Patients exhibiting signs and symptoms for **non-acute stroke** (positive Cincinnati stroke scale and symptom onset of greater than 6 hours) should be transported to a recognized Primary Stroke Center. Currently, United, Regions, the University of Minnesota, any hospital within the HealthEast system meet this designation. MRCC will provide notification of Code Grey status to these institutions upon request by the EMS provider. Any patient exhibiting signs of **acute stroke**, defined as a positive Cincinnati stroke scale score and symptom onset of 6 hours or less, must be transported to a hospital with cath lab capabilities. Currently this includes Regions, United, St. Joes, and the University of Minnesota.