<table>
<thead>
<tr>
<th>Triage and Destination Protocols</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ROSC / Post-Resuscitation</strong></td>
</tr>
<tr>
<td><strong>STEMI</strong></td>
</tr>
<tr>
<td><strong>Suspected Stroke</strong></td>
</tr>
<tr>
<td><strong>Trauma Criteria</strong></td>
</tr>
</tbody>
</table>
The purpose of this plan is to direct transport of post-cardiac arrest patients to the most appropriate facilities with capabilities to most appropriately handle their care.

**ROSC/ POST – RESUSCITATION PATIENTS:**
- CARDIAC ARREST IN THE FIELD
- RESUSCITATION BY EMS RESPONDERS
- ROSC PRIOR TO ARRIVAL

**LEGEND**
- F: FIRST RESPONDER
- B: EMT-BASIC
- I: EMT-INTERMEDIATE
- P: PARAMEDIC
- M: MEDICAL CONTROL

**TRIAGE AND DESTINATION PLAN**

- ROOC PRIOR TO ARRIVAL

  - YES
    - TRAUMATIC ARREST?
      - YES
      - TRANSPORT TO NEAREST HOSPITAL
      - NO
      - AGE > 18
        - YES
        - TRANSPORT TO NEAREST HOSPITAL WITH INDUCED HYPOTHERMIA CAPABILITY
          - GENESIS EAST
          - GENESIS WEST
          - TRINITY ROCK ISLAND
        - NO
          - TRANSPORT TO NEAREST HOSPITAL
  - NO
    - Continue Resuscitation per appropriate protocol

**PEARLS**
- Contact Medical Control early and notify them of triage and destination plan
- If transport times are greater than 30 minutes, proceed to the closest hospital
- In situations with Re-arrest, proceed to the closest hospital
The purpose of this plan is to:
- Rapidly identify STEMI patients prehospital through 12 lead EKG transmission
- Minimize time to reperfusion through primary Percutaneous Coronary Intervention (PCI)
- Rapidly determine the best hospital destinations based on predicted transport times to PCI hospitals
- Early activation of the hospital personnel and cath labs prior to patient arrival

**Definition of a STEMI Patient:**
*ST Elevation Myocardial Infarction*
- Cardiac symptoms consistent with MI less than 12 hours duration
  - And
- 12 lead EKG criteria of >1mm of ST elevation in 2 or more contiguous leads
  - Or
  - New LBBB

**Medical Control Confirmation of STEMI Patient Following 12 lead EKG Transmission**

**EARLY STEMI NOTIFICATION/ACTIVATION OF NEAREST 24/7 PCI CAPABLE HOSPITAL**
- ILLINI
- GENESIS EAST
- MERCY MEDICAL CLINTON
- TRINITY BETTENDORF
- TRINITY ROCK ISLAND

**PEARLS**
- Minimize scene times to less than 15 minutes with 12 lead transmission
- Notify Medical Control of STEMI Destination plan to bypass closer non-PCI hospitals
- Proceed to nearest hospital if predicted transport time exceeds 30 minutes
- Patient preference may override destination plans, but informed consent and AMA form should be completed for delays in treatment and non-PCI center destinations
The purpose of the stroke destination plan is to:
- Rapidly identify **acute stroke patients** who present to EMS or utilize 911
- Rapidly apply the **stroke screening tool** utilized by the EMS system
- Attempt to identify the **time of onset** of symptoms or time last normal
- Identify patients potentially eligible for thrombolytic treatment within the **4.5 hour** treatment window
- Rapidly transport to the most appropriate facility for care

**Symptoms of acute stroke**
With onset < 4.5 hours?

- **NO**  
  TRANSPORT TO ANY APPROPRIATE HOSPITAL
- **YES**  
  TRANSPORT TO PRIMARY STROKE CENTER or STROKE CAPABLE HOSPITAL
  GALESBURG COTTAGE
  GENESIS EAST
  GENESIS WEST
  TRINITY ROCK ISLAND
  TRINITY BETTENDORF

**PEARLS**
- Primary Stroke Centers are certified by the Joint Commission and are able to provide 24/7 CT capabilities, identify acute stroke patients, administer thrombolytics, and provide care for stroke patients
- Minimize scene times to less than 10 minutes
- Destination plan should be utilized for transport times predicted to be less than 30 minutes, otherwise proceed to closest hospital
- Patient preference may override destination plans, but informed consent and AMA form should be completed for delays in treatment to alternate destinations
TRINITY EMS TRIAGE AND DESTINATION PLAN

TRAUMA FIELD CRITERIA
DESTINATION PROTOCOL # 7 - 04

EMS PRE-HOSPITAL LEVEL I TRAUMA
Patients who are determined to have the following shall be classified in the field:

- Sustained Hypotension/ SBP <90 (Peds <80 SBP) on two consecutive measurements five minutes apart
- Cavity Penetration of the Neck or Torso
- Any other patient as deemed by Medical Control

CATEGORY I TRAUMA ALERT
Blunt or penetrating trauma with unstable vital signs and/or hemodynamic compromise as evidenced by:

- BP systolic <90 adult, BP systolic <80 pediatric
- Respiratory compromise as evidenced by Respiratory Rate <10 or > 29
- Altered mentation as evidenced by GCS ≤ 10
- Penetrating injury of head, neck, torso, or groin
- Two or more body regions with potential life or limb threat
- Combination trauma with 20% TBSA burn
- Amputation above wrist or ankle
- Limb paralysis and/or sensory deficit above the wrist and ankle
- Flail chest
- Two or more proximal long bone fractures

CATEGORY II TRAUMA ALERT

- Ejection from motor vehicle
- Death in same passenger compartment
- Falls >20 feet adult
- Pediatric falls > 3 times body length
- Rollover
- High speed auto crash – initial speed > 40 mph
- Motorcycle crash > 20 mph and/or ejection from the bike
- Extrication time > 20 minutes
- Major auto deformity > 20" or Intrusion into passenger compartment > 12"
- Motor vehicle vs pedestrian or bicyclist struck > 5 mph
- Pedestrian thrown or run over

TRAUMA CENTERS:
- Iowa (Level II):
  Genesis East
- Illinois (Level II):
  Illini
  Trinity Rock Island

SPECIAL CONSIDERATIONS/RISK FACTORS

- Pregnancy > 20 weeks
- Patient > 65 years of age with multisystem or high energy MOI
- Anticoagulation and bleeding disorders
- Provider judgment

PEARLS

- For Category I patients, transport to nearest Level I/II Trauma Center and consider Air transport early if deemed most appropriate
- If transport > 30 minutes to Level I/II for category I patients, transport to nearest hospital

TRINITY EMS SYSTEM PREHOSPITAL GUIDELINES 2014

2/2015