



# Transportation & Destination Determination

## PURPOSE

To assure respect for patient decision-making capacity, while still providing safe, appropriate medical transportation.

## PROCEDURE

1. Patients with decision-making capacity are to be transported to the hospital emergency department of their choice within the policies of the transporting agency\* with the following exceptions:
  - a. The patient exhibiting the symptoms and/or clinical criteria consistent with an ST elevation MI (STEMI); the patient destination should be consistent with the *PEMS Regional STEMI Plan*, i.e. a STEMI Receiving Center.
  - b. The patient exhibiting the symptoms and/or clinical criteria consistent with a Stroke/CVA; the patient destination should be consistent with the *PEMS Stroke Triage Plan*, to a designated stroke center.
  - c. The patient exhibiting symptoms and/or clinical criteria identified below and consistent with an acute traumatic injury; the patient destination should be consistent with the *PEMS Regional Prehospital and Interhospital Trauma Plan*, i.e. a trauma center
    - i. Physiologic
    - ii. Anatomic
    - iii. Mechanism of injury
    - iv. Special considerations
  - d. The patient exhibiting the symptoms and/or clinical criteria such that the patient should be transported to a burn center.
  - e. The patient requires EMERGENT transport to the closest hospital when, in the judgment of the AIC, the patient is unstable due to one or more of the following conditions:
    - i. Inability to establish or maintain a protected airway
    - ii. Severe respiratory distress unresponsive to prehospital therapies
    - iii. Circulatory failure with an inability to achieve hemodynamic stability
    - iv. Abnormal delivery (e.g., breech, shoulder, or prolapsed cord)
    - v. Post cardiac arrest
    - vi. Continuing seizures unresponsive to midazolam or lorazepam
    - vii. Patient presenting in non-trauma related shock
    - viii. Any other life-threatening condition the AIC believes to be time critical
2. If the patient has no hospital preference, transport should be to the closest appropriate hospital.
3. Any time a patient is transported to a hospital other than the one requested, the reason for the change and destination hospital shall be documented on the Patient Care Report.
4. Certified providers may contact HEMS (Medical Control permission not necessary) if HEMS can provide transportation more beneficial to the patient than the resources on scene. **If the patient is ready for transport AND air ambulance is delayed for more than 10 minutes, initiate ground transport to the closest hospital, or helispot/helipad.**

\* Agencies shall have an internal policy explaining the destination policy specific to that agency (i.e., the agency will not transport further than a specified hospital due to the extended time away from the community).