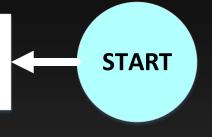


## DIRECT TO TRIAGE PROTOCOL

- LOW ACUITY / PRIORITY 3 PATIENT
- PATIENT IS 18 YEARS OR OLDER
- ABLE TO COMMUNICATE W/ EMS
- UNDERSTANDS PROCESS
- ABILITY TO SIT INDEPENDENTLY IN A WHEELCHAIR





IF THERE IS EVER ANY DOUBT AS TO WHERE TO PLACE THE PATIENT; ALWAYS GO THROUGH ROUTINE AMBULANCE ED REGISTRATION AND TRIAGE PROCEDURE.

VITAL SIGNS ACCEPTABLE? (SEE CHART – 1)

IF YES, MOVE ON



CONDITIONS? (SEE CHART – 2)

IF ANY PRESENT, STOP
IF NONE, MOVE ON



TIME DEPENDENT NEEDS? (SEE CHART – 3)

IF ANY PRESENT, STOP IF NONE, MOVE ON



**END OF CALL** 

 SHORT FORM COPIED AND GIVEN TO APPROPRIATE NURSE FOR RN SIGNATURES
 PATIENT TRANSFERRED OFF STRETCHER

**REPORT GIVEN** 

PATIENT PLACED DIRECTLY IN WAITING
ROOM VIA WHEELCHAIR, AT
REGISTRATION. SIGNATURES
OBTAINED AND PATIENT IS LEFT WITH
MIEMSS APPROVED SHORT FORM

DISCUSSION TAKES PLACE WITH
PATIENT ABOUT PLACEMENT IN
TRIAGE

## **ACCEPTABLE VITAL SIGNS:**

- RESPIRATIONS: 10-20
- PULSE: 60-100
- PULSE OX: >92% (room air)
- TEMPERATURE: 96-101°F
- BLOOD GLUCOSE (if indicated): 71-299 MG/DL
- BLOOD PRESSURES:
  - BETWEEN 110 AND 180 SYSTOLIC
  - BETWEEN 60 AND 100 DIASTOLIC

## HIGH RISK CONDITIONS

- UNEXPLAINED ABDOMINAL PAIN
- ALTERED MENTAL STATUS
- UNEXPLAINED BACK PAIN
- CHEST PAIN
- DYSPNEA / SHORTNESS OF BREATH
- (ACUTE) FOCAL NEUROLOGICAL DEFICITS
- SEIZURES
- SEPSIS (SUSPECTED)
- SYNCOPE
- SUICIDAL / HOMICIDAL IDEATIONS
- REQUIRES MORE THAN MINIMAL ASSISTANCE TO WALK
- UNABLE TO COOPERATE WITH HISTORY AND EXAM

## **TIME DEPENDENT NEEDS**

- AIRWAY
- BREATHING
- CIRCULATION (INCLUDING TO EXTREMITY)
- DISABILITY (DEFICIT) OR DEFORMITY
- SEVERE TENDERNESS WITH PALPATION / EXAM
- SIGNIFICANT HEAD OR TRUNCAL TRAUMA
- UNCONTROLLABLE BLEEDING
- REQUIRES ALS MONITORING OR INTERVENTIONS
- CONCERN FOR POTENTIAL DETERIORATION

Approved 10.12.2021