Alternative Destination (AD) Protocol

- Low Acuity / Priority 3 Patient
- Patient is 18 years of age or older
- Able to Communicate with EMS
- Understands Consent Form/Process
- Agrees to be transported to AD

**Vital Signs Acceptable?**

- Yes

**High Risk Conditions Absent?**

- Yes

**Physical Exam without Time Dependent Needs**

- Yes

**Obtain Consent from Patient**

**Contact & Obtain Acceptance of Patient from AD**

**Transport to AD**

**ACCEPTABLE VITAL SIGNS**

- Respirations: 10-20
- Pulse: 50-120
- Pulse Ox: >92%
- Temperature: 96-102 F
- Blood Glucose: 70-300

**ACCEPTABLE BLOOD PRESSURES:**

- Urgent Care/PCP: Systolic 100-160 & Diastolic 60-100
- Stabilization/Crisis Center: Systolic 80-220 & Diastolic 50-120

**High Risk Conditions**

- Abdominal Pain, Unexplained
- Altered Mental Status
- Back Pain, Unexplained
- Chest Pain
- Dyspnea/Shortness of Breath
- Focal Neurological Deficits (Acute)
- Seizures
- Sepsis, Suspected
- Syncope
- Requires more than minimal assistance to walk
- Unable to Cooperate with History and Exam

**Physical Exam/Time Dependent Needs**

- Airway
- Breathing
- Circulation (Including to Extremity)
- Disability (Deficit) or Deformity
- Severe Tenderness with Palpation/Exam
- Significant Head or Truncal Trauma
- Uncontrolled Bleeding
- Require ALS Monitoring or Interventions
- Concern for Potential Deterioration in Condition

IF ANY HIGH RISK CONDITIONS OR PHYSICAL EXAM/TIME DEPENDENT NEEDS, EMS SHALL TRANSPORT TO CLOSEST APPROPRIATE ED/FEMF

IF PATIENT IS EXCLUDED BASED ON VITALS ALONE, TRANSPORT TO CLOSEST APPROPRIATE ED/FEMF UNLESS MEDICAL DIRECTION FROM APPROVED BASE STATION AUTHORIZES TRANSPORT TO ALT DESTINATION

Rev. 06/10/2019 – Approved EMS Board 06/11/2019
Examples of Low Acuity Chief Complaints

- Allergy or hay fever
- Back pain, mild; able to walk without assistance
- Contusions or abrasions, minor
- Cough, mild; without hemoptysis or respiratory impairment
- Non-traumatic dental problems
- Diarrhea, without dizziness or other signs of dehydration
- Dizziness, chronic (recurrent or known history)
- Dysuria, mild; female
- Ear pain
- Ingrown toenails
- Itching without systemic rash
- Eye irritation without signs of active infection, minor
- Fracture, distal extremity (forearm, lower leg), isolated injury, not open, With neuro/vascular intact
- Headache, minor without neurological impairment
- Injury follow-up (minor injury, treated previously)
- Joint pain
- Mouth blisters
- Muscle aches
- Nausea, vomiting
- Neck pain (no history of acute trauma)
- Nosebleed (resolved)
- Painless urethral discharge
- Physical exam requests (except patients with diabetes, CHF, kidney failure, cancer)
- Plantar warts
- Rectal pain/itching, minor
- Sexual disease exposure
- Simple localized rash
- Sinusitis, chronic
- Skin infection or sores, minor
- Sore throat without stridor
- Sunburn (localized without blisters)
- Vaginal discharge
- Vaginal bleeding (Hx non-pregnant, not postpartum, and requires less than one pad in 5 hours)
- Upper respiratory infection
- Work release or disability
- Wound checks