



# 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

**START**



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

**HIGH RISK 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

**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**

**END OF CALL**

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

## ACCEPTABLE VITAL SIGNS: 1

- 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 2

- 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 3

- 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