

Patient Referral Guideline for ATU, MCOT, Psychiatric ED

Standard:

To establish guidelines for referring individuals to the ATU, MCOT, Psychiatric ED.

Purpose:

To establish criteria for ATCEMS referral of persons via an approved alternative transport and/or to specialized healthcare resource(s) in order to facilitate more appropriate evaluation and care.

Application:

General Applicability:

1. Age \geq 18 years of age and \leq 65 years old
2. Does not require stretcher for safe and comfortable transport.
3. Does not require special precautions for infectious diseases.
4. Patient does not meet any alert criteria.
5. Will not require monitoring, re-evaluation of treatment or ongoing treatment during transport.
6. No attempted overdose using an illicit drug or medication, prescription or over the counter.

Immediate Exclusion Criterion:

If the patient meets any exclusion criterion, then the patient must be transported to an Adult or Pediatric ED per COG transport requirements.

1. Cannot sit, stand, walk, and pivot.
2. Any patient with ongoing bleeding, wounds requiring repair, or suspected head injury.
3. Any acute neuro-focal changes.
4. GCS $<$ 14, Syncopal episode, Seizure $<$ 24 hour
5. Complaint of chest pain or shortness of breath
6. Has been and/or is expected to be violent
7. Evidence of GI bleeding
8. Evidence of suicidal/homicidal ideation
9. Suicide attempt within last 48 hours
10. Female of childbearing age with any of the following:
 - a. Localized abdominal pain
 - b. LMP \geq 12 weeks ago
 - c. Unusual or unexpected vaginal bleeding or discharge
11. Patient ingested medication, prescription or over the counter, outside of normal dosing range.

Vital Sign Requirements:

1. Respiratory rate $>$ 10 and $<$ 24
2. SpO₂ \geq 92%
3. Pulse is $<$ 110 and $>$ 60
4. SBP $<$ 200 or \geq 100, DBP $<$ 120 or $>$ 60, and no associated symptoms such as headache, neurologic changes, chest pain, or shortness of breath.
5. Blood glucose $>$ 70 and $<$ 200 with no history of diabetes; $<$ 300 in known diabetics and no complaints of abdominal pain, nausea, or vomiting; no signs of DKA

Circumstantial Evaluation, and all of these must apply:

1. Patient understands and follows commands.
2. Patient does not require physical restraint(s).
3. Patient is not in the custody of a peace officer.
4. A physician has not specifically requested ambulance transport.

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Regardless of known history of hypertension, if SBP > 160 and/or DBP > 100 then the patient should be advised to seek follow up evaluation for their hypertension by community physician.

Minor superficial abrasions may be evaluated for underlying injury and dressed as needed by EMS.

If the individual meets General Applicability, Vital Sign Requirements and Circumstantial Evaluation, but none of the Immediate Exclusion Criterion, then the patient may be referred to ATU, MCOT, or TSP to Psych ED