

DETERMINATION OF GENERAL PATIENT TRANSPORT DESTINATION*

Patient destination shall be determined according to the following criteria[†] (Reference: [Washington State Prehospital Trauma Triage Destination Procedure](#), [Washington State Cardiac Triage Destination Guideline](#), and [Washington State Stroke Triage Destination Guideline](#)).

1. Trauma patients:
 - A. Patients meeting major trauma triage criteria (Step 1 and 2) as defined by Washington State Prehospital Trauma Triage Destination Procedure will be transported to a Level II trauma service.
 - B. Patients meeting Step 3 and 4 criteria shall be transported to the closest appropriate designated trauma service.
2. Stroke patients:
 - ✓ Follow the State of Washington Prehospital Stroke Triage Destination Procedure
3. ACS patients:
 - ✓ Follow the State of Washington Prehospital Cardiac Triage Destination Procedure
4. General patients:
 - A. Patient request
 - ✓ Providence Health Care Hospitals (PSHMC and PHFH):
Transport to the most appropriate Providence hospital
 - MultiCare Health Systems Hospitals (DH and VH): Consider transport to the hospital of choice and apply criteria to determine appropriateness of transport to the Deaconess Free-Standing Emergency Department.

Criteria Precluding Transport to the Free-Standing Emergency Department:‡

- Vascular emergencies (pulseless extremity, suspected aortic dissection or aneurysm)
- OB patient > 20 weeks gestation
- Open fractures
- Severe GI bleeding
- Temperature > 100 (< 3 months of age)

Provided the patient does not have any of the exclusionary criteria, and if it appears appropriate to the Senior Medical Officer, offer transport to the Free-Standing Emergency Department as a patient choice option.

- B. Regarding closest appropriate level hospital, the downtown hospitals are considered equivalent distances from any point in the county. If none of the above criteria apply, the on-scene Senior Medical Officer may use their judgment for the most appropriate hospital destination.
- C. MD to MD arrangement

*For patients not meeting Trauma (Step 1-4), Stroke (FAST+), or ACS (Immediate, High Risk, or Provider EMS personnel suspicion) criteria.

†Patient requests and MD to MD referrals must, in general, be respected. However, if the Senior Medical Officer judges that a critical patient requires transport to an alternative hospital for stabilization, it is the Senior Medical Officer's responsibility to explain this to the patient or physician. If a conscious patient or physician who, in the judgment of the Senior Medical Officer, is capable of making a rational decision and persists in requesting transport to a different facility, the patient and/or physician request should be followed (see *Patient Treatment Rights*). Attempt to obtain a signature on a medical release form.

‡However, if unable to manage airway, consider rendezvous with ALS or intermediate stop at nearest facility capable of definitive airway management.