

Hospital Routing and Air Ambulance

Protocol

Douglas County KS EMS System

March 2021

Reference Procedures: None

Goals for patient care

- Fastest possible transport of critical patients to appropriate facility
- Most appropriate mode of transport for patients

Trauma Routing- Any trauma patients that meet criteria should be transported to the closest trauma center below. **(Fig. 1)**

- KUMC Level I
- St. Luke's Plaza Level I
- Truman Level I
- Research Level I
- Overland Park Level II (adult/pediatric)
- Stormont Vail Level II
- CMH ≤ 18 y/o Level I (pediatric)

Burn Routing- Any pt with $\geq 5\%$ third degree OR $\geq 20\%$ second degree burn OR cosmetic burns (hands, face, feet, genitalia)

- KUMC Level I
- CMH ≥ 18 y/o Level I (pediatric)

Stroke Routing- Any stroke patient should be routed to the closest appropriate stroke center

- LMH Primary Stroke
- Saint Francis Primary Stroke
- Stormont Vail Primary Stroke
- Overland Park Primary Stroke
- Olathe Primary Stroke
- Providence Primary Stroke

STEMI Routing- Any STEMI patient should be routed to the closest appropriate STEMI receiving facility

- LMH STEMI Receiving
- Saint Francis STEMI Receiving
- Stormont Vail STEMI Receiving
- Overland Park STEMI Receiving
- Olathe STEMI Receiving
- Providence STEMI Receiving

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Trauma Activation Criteria (Fig. 1)

Physiologic Criteria for Level 1 or 2 transport

- GCS <13
- BP <90 systolic (adults)
- Respiratory distress
- RR >29 or <10 (adults) or need for ventilator support
- RR <20 (1 year old and under)

Anatomic Injury Criteria for Level 1 or 2 transport

- All penetrating injuries to head, neck, torso and extremities proximal to elbow or knee
- Chest wall instability or deformity (e.g., flail chest)
- Airway burns
- 20% 2nd degree burns and/or 5% 3rd degree burns
- Two or more proximal long bone fractures
- Pelvic fracture
- Limb paralysis
- Amputation proximal to wrist or ankle
- Open or depressed skull fracture
- Crushed, degloved, mangled or pulseless extremity

Considerations for ground transport (preferred over air transport)

- Ground transport should be initiated when
 - The patient is critical and helicopter is not available
 - Air transport will be longer than ground
 - The patient is not critical

Considerations for Air Ambulance transport

- Air ambulance transport should be initiated when
 - The patient is critical enough to warrant air ambulance transport
 - AND ground transport would be longer than air
 - OR specialty intervention is required that LDCFM does not provide (IE: RSI)

Notes

- General rule of thumb should be to transport as rapidly as possible to appropriate facility regardless of mode
- In EMS protocol app under "contacts" you can select the hospital you are going to and tap the address to pull up google maps and assist with routing
- Consider transport to closest non trauma hospital if patient is critically unstable and requires advanced interventions that EMS cannot provide
- Transporting attendant is responsible for deciding hospital routing

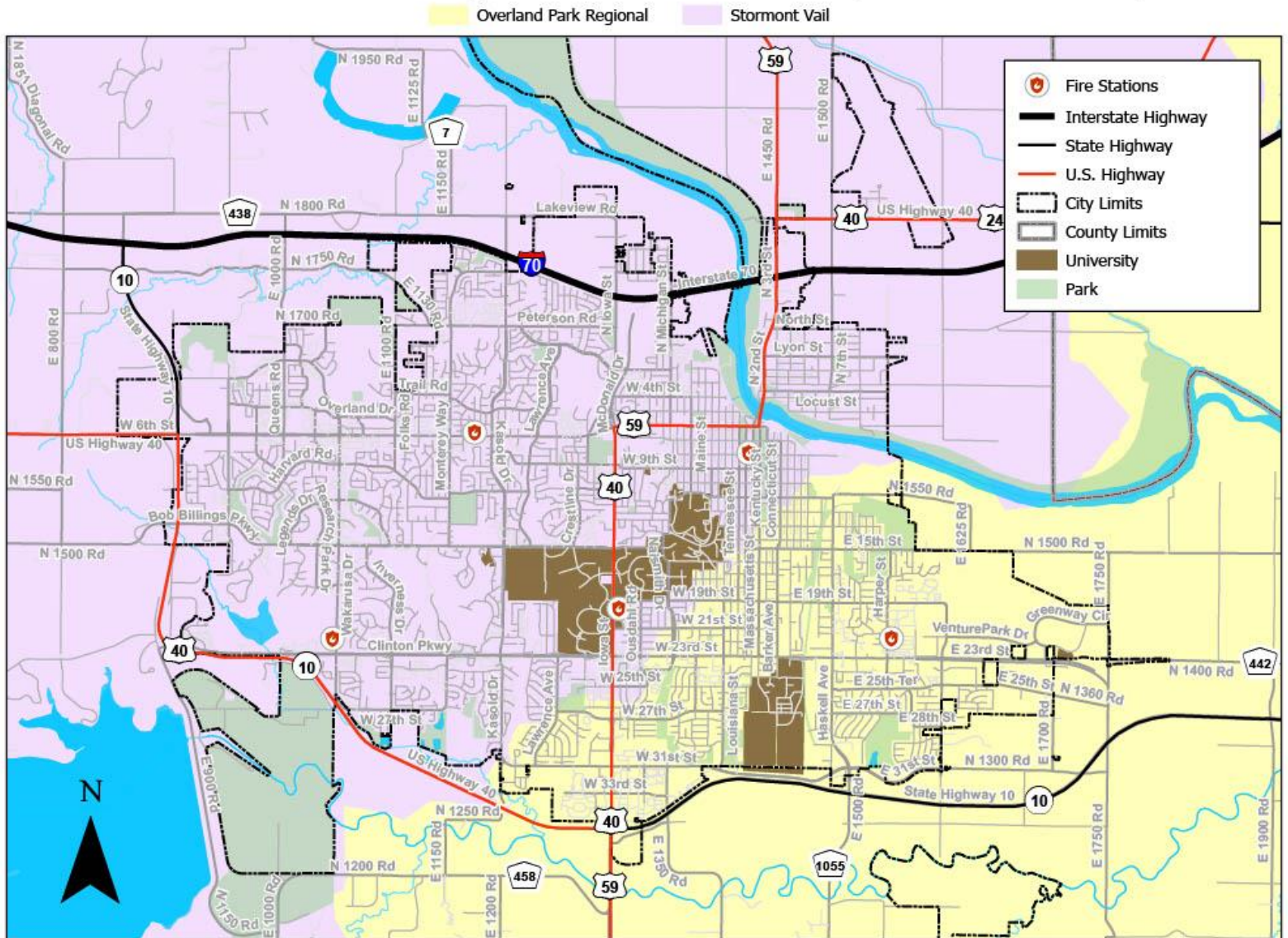
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Closest Trauma Rated Hospital From Within Lawrence (Based on Drive Time)



* KU MED found to not be the closest trauma center anywhere in Douglas county *

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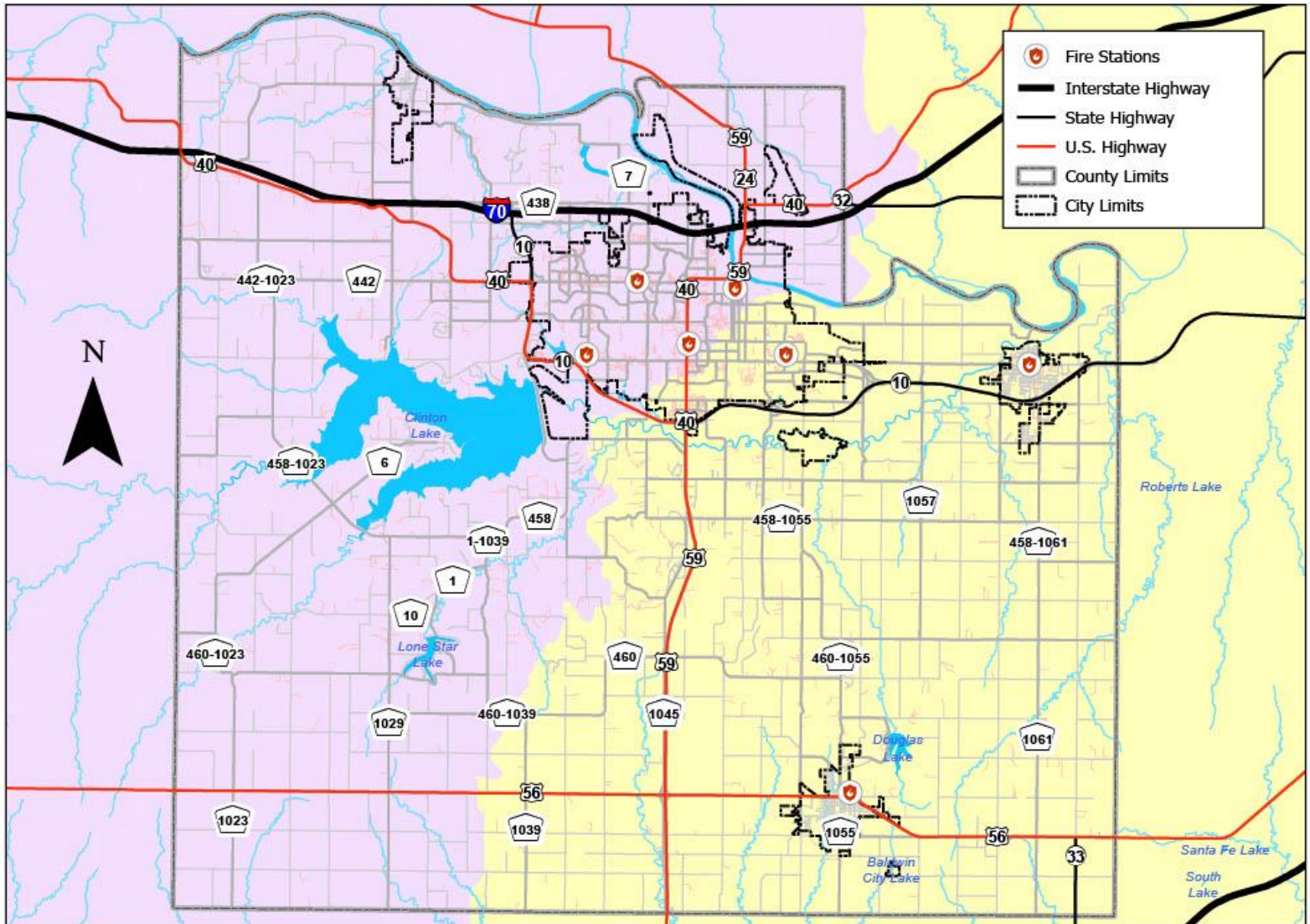
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Closest Trauma Rated Hospital From Within Douglas County (Based on Drive Time)

Overland Park Regional Stormont Vail



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