

Arizona Emergency Medical Systems, Inc.

**RED BOOK
CHAPTER 4**

**Triage: General
General Medical Emergencies Triage Guidelines**

DISCLAIMER

This Manual sets forth procedures and protocols deemed by AEMS to be within the acceptable standard of medical care. It is specifically recognized that there are acceptable variations from these procedures and protocols, which may also satisfy the standard of care. Therefore, variations from these procedures and protocols are not necessarily deemed to be outside the standard of care. This manual does NOT define, limit, expand or otherwise purport to establish the legal standard of care.

ADULT TRIAGE GUIDELINES

Purpose: Triage Guidelines are intended for use by certified EMT'S, IEMTS, and Paramedics when encountering and caring for critically ill or injured patients in the Central Arizona Regional EMS System.

PROCEDURE

1. Triage guidelines should be implemented after evaluation and stabilization of the patient. Consultation with Medical Control may be utilized to assist in triage decisions.
2. If ALS personnel are not available, initial stabilization should be implemented and the patient transported to the closest appropriate categorized facility.
3. Patient choice is a primary consideration in the triage decision. If the patient is unable to make a reasonable choice, or the medical condition of the patient requires a specific level of care, destination may be determined by Medical Control.
4. Triage guidelines are not meant to address all components of Prehospital care. Consultation with Medical Control should be utilized whenever a questionable triage decision arises.

GENERAL MEDICAL EMERGENCIES

1. Patients presenting in **stable*** condition may be transported to the patients facility of choice. If no patient preference, transport to the closest appropriate categorized facility.
2. Patients presenting in **unstable*** condition will be transported to the closest appropriate categorized facility.

**Definitions:

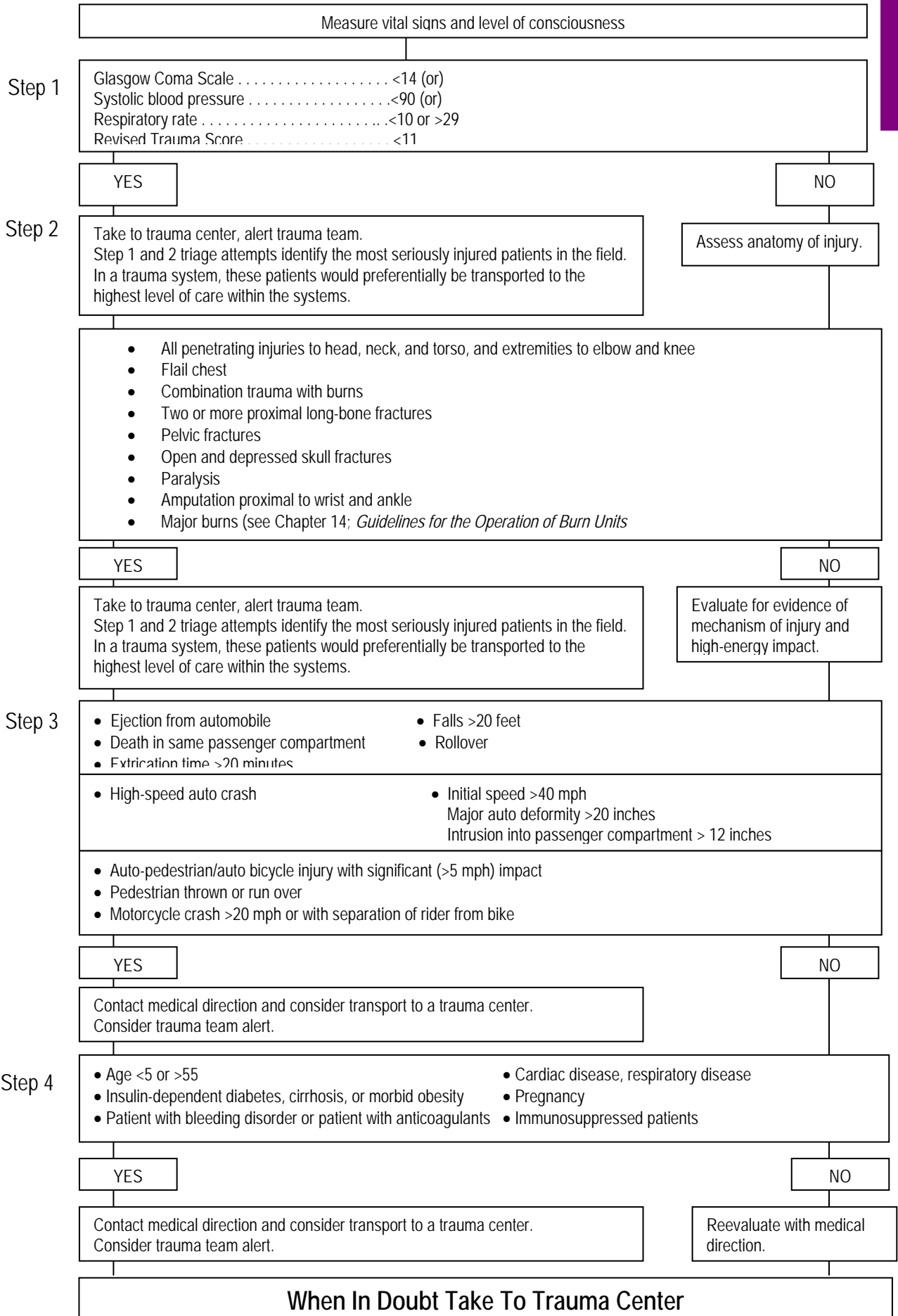
- **Stable patient:** patient with a single or well defined chief complaint(s), that after initial intervention is:
 - without neurological, respiratory and/or cardiovascular compromise
 - responding favorably to initial treatment (i.e., resolving or improving the s/s)
- **Unstable patient:** Any patient with a single, multiple system, or complex chief complaint with or without hemodynamic compromise, that does not respond favorably to initial treatment.

Trauma Emergencies

Adult Trauma – 14 Years and Older

(current algorithm)

FIELD TRIAGE DECISION SCHEME



****Criteria for Triage of a Burn Patient to a Burn Center**

- Partial Thickness (2nd degree) burns > 5%
- Any full Thickness (3rd degree) burns of any age group
- Any burns with trauma
- Burns associated with inhalation injury or airway compromise
- Full or partial thickness burns involving face, eyes, hands or feet, genitalia, perineum, and major joints
- All high voltage electric burns including lightning injury
- Chemical burns
- Radiation burns
- Burn injuries in patients with pre-existing medical disorders
- Burn injury in patients who will require special social and emotional or long-term rehabilitative support, including cases of suspected child abuse and neglect.
- Burned children in hospital without qualified personnel or equipment.

****Criteria set forth by Arizona Burn Center and ABA (American Burn Association) 2003**

Triage Guideline for Primary Stroke Centers

The Phoenix Primary Stroke Center initiative through The American Stroke Association/ Operation Stroke has identified 8 hospitals as Primary Stroke Centers (PSC) for the Phoenix Metropolitan area. The following hospitals have met the criteria to become Primary Stroke Centers: Arrowhead Community Hospital and Medical Center, Banner Good Samaritan Medical Center, Banner Thunderbird Medical Center, Del E. Webb Memorial Hospital, John C. Lincoln-North Mountain Hospital, Mayo Clinic Hospital, St. Joseph's Hospital and Medical Center, Scottsdale Healthcare-Osborn, Walter O. Boswell Memorial Hospital.

At this time, the identified Primary Stroke Centers are concentrated in the Central, Western, and Northeastern portion of the Metropolitan Phoenix area. In these sectors, acute stroke patients (with a positive FAST exam stroke screening score) should be triaged to a Primary Stroke Center. In the Southeastern portions of the valley and in many rural areas of our region, initial transport to an identified Primary Stroke Center may not be possible or practical.

Pending the identification of additional Primary Stroke Centers in the Southeast valley and rural areas, we would recommend that patients exhibiting signs of an acute stroke as demonstrated by an EMS Stroke screen (eg.FAST stroke screening exam) should be transported to a PSC if the patient can be delivered to the stroke center in 2 hours or less from onset of stroke symptoms. ***If this is not possible or practical, medical control should determine appropriate receiving facility based on local and available resources.*** Additionally, the patient should have their blood sugar checked to make sure that hypoglycemia is not the etiology of the neurologic symptoms and time of onset of symptoms should be documented.

The Phoenix Primary Stroke Center Initiative is an ongoing process and additional hospitals will be identified as Primary Stroke Centers. As this process moves forward it may be feasible to have a regional triage guideline that is more inclusive.

Approved by AEMS Board of Governors – 12/17/03

Example of Stroke Screen

1. Time of symptom onset.

2. Blood glucose level.

3. Facial droop (have patient smile).

Normal: both sides move equally.

Abnormal: one side shows asymmetry.

4. Arm drift (have patient close their eyes and hold both arms out).

Normal: both arms move the same or not at all.

Abnormal: one arm drifts down compared to the other.

5. Grip strength: both sides should be equal.

6. Speech (have patient say "a rolling stone gathers no moss").

Normal: patient repeats saying with no slurred words

Abnormal: patient uses inappropriate words, slurred speech, or is unable to talk.

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