



**University Hospitals**

EMS Training & Disaster  
Preparedness Institute

**EMS Alternate Treatment  
and Transport  
Protocol / Guidelines**

**2023 R1**

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# INTRODUCTION

**OVERVIEW:**

Treat and refer allows lower acuity patients who do may not need services at Emergency Departments to be transported to other healthcare settings such as urgent cares, primary care offices, as well as referral to providers who offer treatment in place (telemedicine and in home services).

**PARTICIPATING PROVIDER LEVELS:**

This document assumes that the patient is being assessed by an on-scene EMT, Advanced-EMT or Paramedic. In situations where EKGs are required of the assessment prior to the referral or release of a patient to another provider stream, those EKG's must be transmitted for evaluation by a Medical Control Physician.

**PARTICIPATING SERVICES:**

EMS services utilizing this protocol must have prior Medical Director approval and training. This training will outline the expectations of the service under these protocols and the alternate transport or referral process rules. This process will also identify local resources to make these alternate care decisions actionable.

The options of alternative destinations in each community will vary and it is up to the EMS agency to compile a list of applicable sites that patients may request. The Medical Director's role will be in validating each sites capabilities to ensure the patient can be safely referred or transported to these alternative sites of care for low acuity complaints.

**PATIENT RIGHTS:**

Patients shall have the sole discretion over the health system and or provider to which they seek care. Online medical direction will be utilized to determine if a patient can be safely referred to an alternative site of care and will not make the determination around the actual alternative site of care that the patient selects.

**MEDICAL CONTROL:**

For the purposes of this protocol, Online Medical Control may be obtained from the EMS agency's usual Medical Control. Online Medical Direction may also be from obtained from a UH EMS system Medical Director if there is a system Medical Director on duty for the Alternate Treatment and Transport program.

**TELEMEDICINE:**

Telemedicine contact with Medical Control or other specialists may be necessary while on scene during the assessment and alternate treatment / transport phase of the call. On scene providers must be familiar with such technology and its limitations to provide care. Additionally, EMS crews may need to help assure that the patient has appropriate access to equipment to complete other coordinated patient / primary care Physician interactions after the departure of the EMS providers.

**RELEASE PROCEDURES:**

Despite the ultimate disposition of the patient, the EMS crew must obtain a standard release if not transporting the Patient. A complete PCR must be produced for the patient interactions. This must include a thorough assessment, complete vital signs, and explanation of the inclusion and lack of exclusion criteria that allow for the implementation of the alternate treatment and transport protocol.

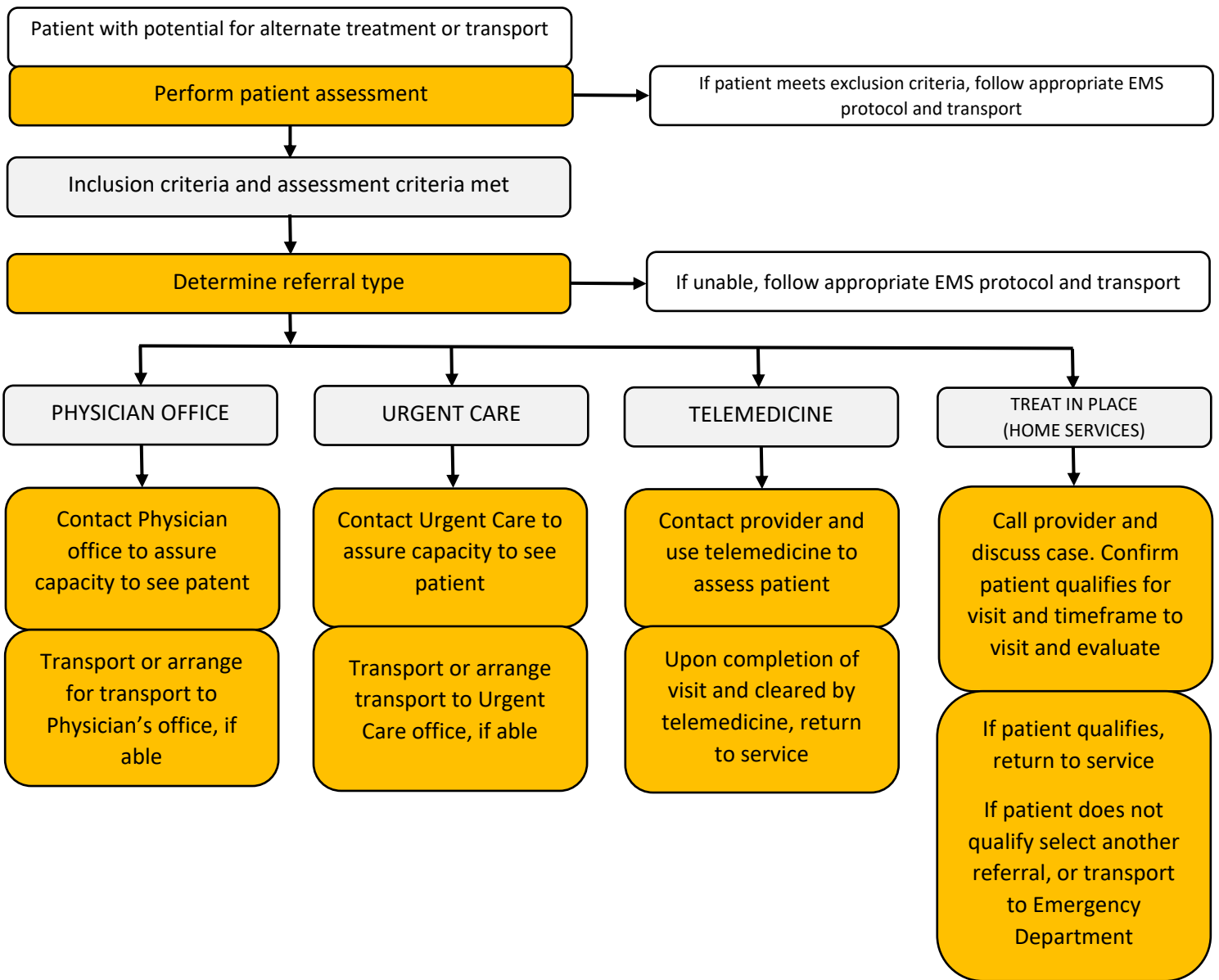
**INFORMED RELEASE:**

The patient must demonstrate the capacity to understand and follow the decided upon treatment course. The patient must be able to verbalize a plan to summon EMS back if there are worsening symptoms or the agreed upon treatment course cannot be executed. Patients that do not have capacity due to clinical intoxication are excluded from the use of these protocols.

**DIAGNOSTIC PROCEDURES:**

EMS providers may use standard EMS diagnostic procedures and techniques as outlined in EMS protocol procedure section.

# OVERVIEW



## ABNORMAL LAB RESULTS FROM FACILITY

**QUALIFYING VITALS AND ASSESSMENT:**

Heart rate: less than 100 BPM

Resp rate: 12 to 20 / min

Systolic BP: above 100 mmHg

Pulse ox: 94% or higher on room air or baseline oxygen requirement

Inclusion	Exclusion	Assessment
<ul style="list-style-type: none"> <li>• Nursing home or other skilled nursing facility</li> <li>• Foley catheters</li> <li>• Hemoglobin &gt; 5</li> <li>• Abnormal potassium with normal 12 lead EKG</li> <li>• Abnormal calcium with normal 12 lead EKG</li> <li>• Abnormal white blood cell count without fever - temp &lt; 100.4 F (38.0 C)</li> <li>• Abnormal urine without fever - temp &lt; 100.4 F (38.0 C)</li> </ul>	<ul style="list-style-type: none"> <li>• Dehydration</li> <li>• Recent measured fever</li> </ul>	<ul style="list-style-type: none"> <li>• Normal 12 lead EKG if electrolyte abnormality transmitted and read by Physician</li> <li>• 12 lead has no new tachyarrhythmias, blocks, or bradyarrhythmias</li> </ul>

**ANKLE INJURY****QUALIFYING VITALS AND ASSESSMENT:**

Heart rate: less than 100 BPM

Resp rate: 12 to 20 / min

Systolic BP: above 100 mmHg

Pulse ox: 94% or higher on room air or baseline oxygen requirement

<b>Inclusion</b>	<b>Exclusion</b>	<b>Assessment</b>
<ul style="list-style-type: none"> <li>• Simple mechanism of injury such as groundlevel fall</li> <li>• GCS 15</li> <li>• No anticoagulation</li> <li>• Has primary care physician</li> <li>• Mechanical fall (slip or trip)</li> <li>• Minor MVA (low speed)</li> </ul>	<ul style="list-style-type: none"> <li>• Deformity</li> <li>• Diminished pulses</li> <li>• Numbness</li> <li>• Syncope</li> <li>• Crepitus</li> </ul>	<ul style="list-style-type: none"> <li>• No deformity</li> <li>• Neurovascular intact</li> <li>• Evaluate for additional concerning injuries</li> </ul>

**ASYMPTOMATIC HYPERTENSION****QUALIFYING VITALS AND ASSESSMENT:**

Heart rate: less than 100 BPM

Resp rate: 12 to 20 / min

Systolic BP: between 100 and 180 mmHg

Pulse ox: 94% or higher on room air or baseline oxygen requirement

Inclusion	Exclusion	Assessment
<ul style="list-style-type: none"> <li>• Diastolic blood pressure less than 120 mm HG</li> <li>• Neurologically intact</li> </ul>	<ul style="list-style-type: none"> <li>• Headache</li> <li>• Neck pain</li> <li>• Sudden onset of headache worse at onset</li> <li>• Visual changes</li> <li>• Numbness or weakness</li> <li>• Edema</li> <li>• Urinary changes</li> <li>• Shortness of breath / Chest pain</li> </ul>	<ul style="list-style-type: none"> <li>• Normal mental status</li> <li>• Normal neuro exam / stroke scale</li> <li>• 12 Lead EKG</li> </ul>



## CHRONIC ABDOMINAL PAIN

**QUALIFYING VITALS AND ASSESSMENT:**

Heart rate: less than 100 BPM

Resp rate: 12 to 20 / min

Systolic BP: above 100 mmHg

Pulse ox: 94% or higher on room air or baseline oxygen requirement

Inclusion	Exclusion	Assessment
<ul style="list-style-type: none"> <li>• Pain 3 or more weeks</li> <li>• No signs of dehydration</li> </ul>	<ul style="list-style-type: none"> <li>• Fever - temp &gt; 100.4 F (38.0 C)</li> <li>• Hx cancer</li> <li>• Hx anticoagulation</li> <li>• Bloody stool or vomitus</li> <li>• Over age 65</li> </ul>	<ul style="list-style-type: none"> <li>• Normal mental status</li> </ul>

**CHRONIC PAIN****QUALIFYING VITALS AND ASSESSMENT:**

Heart rate: less than 100 BPM

Resp rate: 12 to 20 / min

Systolic BP: above 100 mmHg

Pulse ox: 94% or higher on room air or baseline oxygen requirement

Inclusion	Exclusion	Assessment
<ul style="list-style-type: none"> <li>• Pain 3 or more weeks</li> <li>• Includes but not limited to neck and back pain</li> <li>• Not vomiting blood</li> <li>• Neurologically intact</li> </ul>	Fever – temp > 100.4 F (38.0 C) <ul style="list-style-type: none"> <li>• Hx cancer</li> <li>• Hx anticoagulation</li> </ul>	<ul style="list-style-type: none"> <li>• Normal mental status</li> <li>• Normal neuro exam</li> </ul>

**DENTAL PAIN****QUALIFYING VITALS AND ASSESSMENT:**

Heart rate: less than 100 BPM

Resp rate: 12 to 20 / min

Systolic BP: above 100 mmHg

Pulse ox: 94% or higher on room air or baseline oxygen requirement

<b>Inclusion</b>	<b>Exclusion</b>	<b>Assessment</b>
<ul style="list-style-type: none"> <li>• No tongue swelling</li> <li>• Ability to fully open mouth</li> <li>• No voice changes</li> </ul>	<ul style="list-style-type: none"> <li>• Voice changes</li> <li>• Fever – temp &gt; 100.4 F (38.0 C)</li> <li>• Provider identified obvious facial swelling</li> </ul>	<ul style="list-style-type: none"> <li>• Normal voice</li> <li>• Able to swallow</li> </ul>

**HEADACHE****QUALIFYING VITALS AND ASSESSMENT:**

Heart rate: less than 100 BPM

Resp rate: 12 to 20 / min

Systolic BP: above 100 and below 180 mmHg

Pulse ox: 94% or higher on room air or baseline oxygen requirement

<b>Inclusion</b>	<b>Exclusion</b>	<b>Assessment</b>
<ul style="list-style-type: none"> <li>• Gradual onset</li> <li>• Neurologically intact</li> </ul>	<ul style="list-style-type: none"> <li>• Fever &gt;100.4 F (38.0 C)</li> <li>• Sudden onset (worse at onset)</li> <li>• Numbness, weakness</li> <li>• Visual changes</li> <li>• Dizziness</li> <li>• Vomiting</li> <li>• Hx anticoagulation</li> <li>• Risk for CO poisoning</li> <li>• Wake-up headache</li> <li>• Stiff neck</li> </ul>	<ul style="list-style-type: none"> <li>• Normal mental status</li> </ul>

**HOSPICE CARE**

<b>Inclusion</b>	<b>Exclusion</b>	<b>Assessment</b>
<ul style="list-style-type: none"><li>• Hospice patients</li><li>• End of life with valid DNR with services in place</li></ul>	<ul style="list-style-type: none"><li>• None</li></ul>	<ul style="list-style-type: none"><li>• Assess for patient discomfort</li><li>• Ensure access to treatments for all symptoms</li></ul>

Contact the hospice representative regarding the patient situation. Medical control to hospice provider contact may be necessary.

## HYPOGLYCEMIA

**QUALIFYING VITALS AND ASSESSMENT:**

Heart rate: less than 100 BPM

Resp rate: 12 to 20 / min

Systolic BP: above 100 mmHg

Pulse ox: 94% or higher on room air or baseline oxygen requirement

Inclusion	Exclusion	Assessment
<ul style="list-style-type: none"> <li>• Type 1DM</li> <li>• Type 2 DM on insulin only</li> <li>• Has responsible party to be with patient</li> </ul>	<ul style="list-style-type: none"> <li>• Fever &gt;100.4 F (38.0 C)</li> <li>• Oral agents</li> <li>• Inability to tolerate PO</li> <li>• Shortness of breath</li> </ul>	<ul style="list-style-type: none"> <li>• Normal mental status</li> </ul>

**KNEE INJURY****QUALIFYING VITALS AND ASSESSMENT:**

Heart rate: less than 100 BPM

Resp rate: 12 to 20 / min

Systolic BP: above 100 mmHg

Pulse ox: 94% or higher on room air or baseline oxygen requirement

<b>Inclusion</b>	<b>Exclusion</b>	<b>Assessment</b>
<ul style="list-style-type: none"> <li>• Simple mechanism of injury such as groundlevel fall</li> <li>• GCS 15</li> <li>• No anticoagulation</li> <li>• Has primary care physician</li> <li>• Mechanical fall (slip or trip)</li> <li>• Minor MVA (low speed)</li> </ul>	<ul style="list-style-type: none"> <li>• Deformity</li> <li>• Diminished pulses</li> <li>• Numbness</li> <li>• Syncope</li> <li>• Crepitus</li> </ul>	<ul style="list-style-type: none"> <li>• No deformity</li> <li>• Neurovascular intact</li> <li>• Evaluate for additional concerning injuries</li> </ul>

**MEDICATION REFILL**

**QUALIFYING VITALS AND ASSESSMENT:**

Heart rate: less than 100 BPM

Resp rate: 12 to 20 / min

Systolic BP: above 100 mmHg

Pulse ox: 94% or higher on room air or baseline oxygen requirement

<b>Inclusion</b>	<b>Exclusion</b>	<b>Assessment</b>
<ul style="list-style-type: none"> <li>• Chronic medications (on for &gt; 2 weeks)</li> </ul>	<ul style="list-style-type: none"> <li>• Any new symptoms / complaints</li> </ul>	<ul style="list-style-type: none"> <li>• Normal mental status</li> </ul>



# MINOR BURN CARE

## QUALIFYING VITALS AND ASSESSMENT:

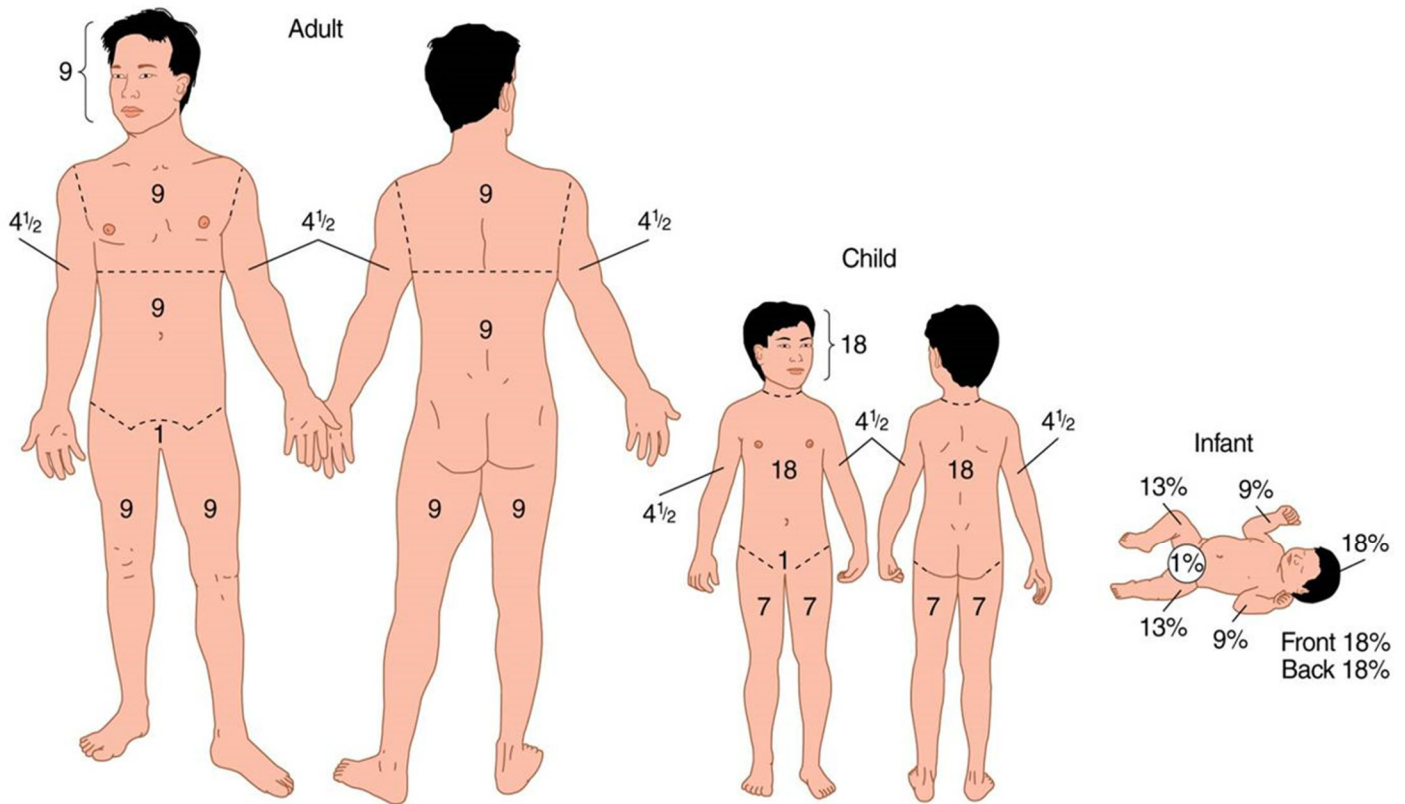
Heart rate: less than 100 BPM

Resp rate: 12 to 20 / min

Systolic BP: above 100 mmHg

Pulse ox: 94% or higher on room air or baseline oxygen requirement

Inclusion	Exclusion	Assessment
<ul style="list-style-type: none"> <li>• Superficial burns</li> <li>• No hx diabetes</li> <li>• No joint involvement</li> <li>• No hand or face involvement</li> </ul>	<ul style="list-style-type: none"> <li>• Greater than 5% BSA</li> <li>• Fever – temp &gt; 100.4 F (38.0 C)</li> <li>• Intractable pain</li> <li>• Dyspnea</li> <li>• Partial or full thickness burns</li> <li>• Suspected abuse</li> </ul>	<ul style="list-style-type: none"> <li>• Normal mental status</li> </ul>



**NON-CARDIAC CHEST PAIN**

**QUALIFYING VITALS AND ASSESSMENT:**

Heart rate: less than 100 BPM

Resp rate: 12 to 20 / min

Systolic BP: above 100 mmHg

Pulse ox: 94% or higher on room air or baseline oxygen requirement

<b>Inclusion</b>	<b>Exclusion</b>	<b>Assessment</b>
<ul style="list-style-type: none"> <li>• No hx CAD, DM, HTN, hyperlipidemia</li> <li>• No concern for cardiac chest pain</li> </ul>	<ul style="list-style-type: none"> <li>• Risk factors</li> <li>• Fever - temp</li> <li>• &gt; 100.4 F (38.0 C)</li> <li>• Shortness of breath</li> <li>• Pulmonary risk factors</li> <li>• No pleuritic pain</li> </ul>	<ul style="list-style-type: none"> <li>• Breath sounds equal and clear</li> <li>• No abdominal tenderness</li> <li>• Equal pulses</li> <li>• 12 Lead EKG</li> </ul>

**SEIZURE****QUALIFYING VITALS AND ASSESSMENT:**

Heart rate: less than 100 BPM

Resp rate: 12 to 20 / min

Systolic BP: above 100 mmHg

Pulse ox: 94% or higher on room air or baseline oxygen requirement

Inclusion	Exclusion	Assessment
<ul style="list-style-type: none"> <li>• Hx seizure disorder</li> <li>• Must have medications available</li> <li>• Neurologically intact</li> <li>• Has responsible party to be with patient</li> </ul>	<ul style="list-style-type: none"> <li>• New onset seizure</li> <li>• Fever - temp &gt; 100.4 F (38.0 C)</li> <li>• Hx cancer</li> <li>• Neuro deficits</li> <li>• Injury</li> <li>• Hx substance abuse</li> <li>• Is compliant with medications</li> </ul>	<ul style="list-style-type: none"> <li>• Normal mental status and capacity</li> <li>• Normal neuro exam</li> </ul>

## VIRAL SYMPTOMS (COVID, Influenza, Other)

**QUALIFYING VITALS AND ASSESSMENT:**

Heart rate: less than 110 BPM

Resp rate: 8 to 22 / min

Systolic BP: above 100 mmHg

Pulse ox: 94% or higher on room air or baseline oxygen requirement

Inclusion	Exclusion	Assessment
<ul style="list-style-type: none"> <li>• Fever - temp &gt; 100.4 F (38.0 C)</li> <li>• Cough</li> <li>• Nasal / chest congestion</li> <li>• Sore throat</li> <li>• Body Aches</li> <li>• Dyspnea</li> </ul>	<ul style="list-style-type: none"> <li>• Chest Pain</li> <li>• Syncope</li> <li>• Shortness of Breath</li> <li>• HX HTN / CAD / Heart failure</li> <li>• Immunocompromised</li> <li>• Lung or heart disease</li> <li>• ESRD on dialysis</li> <li>• Age &gt; 60</li> </ul>	<ul style="list-style-type: none"> <li>• 12 lead EKG</li> </ul>

**Determine Suitability for Home Care**

- Appropriate Care Givers are available (If needed)
- There is separate space for the patient to recover without sharing with others
- The patient has access to food, water, and other necessities
- There are no household members with high-risk history (Noted above)

Release without transport to care of self with standard non-transport release if patient consents to non-transport. Contact Medical Control only if the patient does not consent. Medical Control contact not required if within above criteria.

**VOMITING AND DIARRHEA****QUALIFYING VITALS AND ASSESSMENT:**

Heart rate: less than 100 BPM

Resp rate: 12 to 20 / min

Systolic BP: above 100 mmHg

Pulse ox: 94% or higher on room air or baseline oxygen requirement

<b>Inclusion</b>	<b>Exclusion</b>	<b>Assessment</b>
<ul style="list-style-type: none"> <li>• Both vomiting and diarrhea</li> </ul>	Fever temp > 100.4 F (38.0 C) <ul style="list-style-type: none"> <li>• Hx cancer</li> <li>• Hx anticoagulation</li> <li>• Signs of dehydration</li> <li>• Blood in vomitus or stool</li> </ul>	<ul style="list-style-type: none"> <li>• No abdominal distension or tenderness</li> <li>• 12 lead EKG</li> </ul>

Zofran may be administered per EMS protocol after the 12 lead is obtained and read.