

- (1) Trauma patients – The goal of the pre-hospital component of the trauma system and destination determination rules is to minimize injury through the safe and rapid transport of the injured patient. The patient should be taken directly to the center most appropriately equipped and staffed to handle the patient's injury, as defined by the region's trauma system. These destinations must be clearly identified and understood by regional pre-hospital personnel and must be determined by triage protocols or by direct medical direction. Ambulances should bypass those facilities not identified by the region's trauma system as appropriate destinations, even if they are closest to the incident.
- (2) Following the designation of a trauma center in any region, persons in that region who have suffered a traumatic injury as determined by triage at the scene should be transported according to the following rules:
  - (a) Adult (i.e. persons fifteen (15) years of age or older) and pediatric (i.e. persons under fifteen (15) years of age) trauma patients should be triaged and transported according to the flow chart labeled "2011 Guidelines for Field Triage of Injured Patients," or any successor publication. Copies of the charts are available from the Division of EMS.
    1. Step One and Step Two adult patients should be transported preferentially to the highest level of care within the defined trauma system.
    2. Step One and Step Two pediatric patients should be transported to a Comprehensive Regional Pediatric Center ("CRPC") or to the highest level of care within the defined trauma system if no CRPC is available.
    3. Local or regional medical control may establish criteria to allow for non-transport of clearly uninjured patients.
    4. Medical control may determine patient destinations when multiple appropriate trauma centers or CRPC's are within 30 minutes of ground transport.
  - (b) Exceptions apply in the following circumstances:
    1. For ground transport greater than 30 minutes and when safety and operational issues exist, trauma patients may be transported to the closest appropriate facility as determined by local medical control.
    2. Air ambulances shall not transport chemical or radiation contaminated patients prior to decontamination.
    3. If the Trauma Center chosen as the patient's destination is overloaded and cannot treat the patient, medical control shall determine the patient's destination. If medical control is not available, the patient's destination shall be determined pursuant to regional or local destination guidelines.
    4. A transport may be diverted from the original destination:
      - (i) If a patient's condition becomes unmanageable or exceeds the capabilities of the transporting unit; or
      - (ii) If medical control deems that transport to a Trauma Center is not necessary.
  - (c) Transports made under any of the exceptions listed above shall be reviewed through the EMS provider's quality improvement process and by the medical director of the EMS provider.

(Rule 1200-12-01-.21, continued)

- (d) Medical control may be accomplished preferentially by:
  - 1. Local protocols established in conjunction with regional trauma centers and EMS Medical Directors
  - 2. Trauma or emergency physician on duty at a designated trauma center
  - 3. Local EMS Medical Control when number one and two are not available
- (3) Patients with time sensitive illnesses shall be transported to the most appropriate facility based on their condition or illness according to the following destination guidelines:
  - (a) Any patient who does not have a time sensitive illness shall be transported to the most appropriate facility in accordance with regional or local destination guidelines.
  - (b) Any patient transport may be diverted from the original destination if the patient's condition becomes unmanageable or exceeds the capability of the transporting unit, in which case the patient should be treated at the closest appropriate facility.
  - (c) There are circumstances in adult emergency care as determined by local medical control where it may be appropriate to bypass a basic or a primary care facility for a higher level of care. Examples of such circumstances include, but are not limited to the following:
    - 1. Acute Cardiac event such as STEMI;
    - 2. Acute change of mental status;
    - 3. Cardiac arrest;
    - 4. Significant toxin ingestion history;
    - 5. Massive gastrointestinal (GI) bleed;
    - 6. Life threatening dysrhythmias;
    - 7. Compromised airway;
    - 8. Signs or symptoms of shock;
    - 9. Severe respiratory distress;
    - 10. Respiratory arrest; or
    - 11. Acute cerebrovascular event.
- (4) Pediatric Medical Emergency – Pediatric patients represent a unique patient population with special care requirements in illness and injury. Tennessee has a comprehensive destination system for pediatric emergency care facilities as defined in rule 1200-08-30-.01.
  - (a) There are circumstances in pediatric emergency care as determined by local medical control where it would be appropriate to bypass a basic or a primary care facility for a general or comprehensive regional pediatric center.
    - 1. Examples of such circumstances include, but are not limited to the following:

(Rule 1200-12-01-.21, continued)

- (i) On-going seizures;
  - (ii) A poorly responsive infant or lethargic child;
  - (iii) Cardiac arrest
  - (iv) Significant toxin ingestion history;
  - (v) Progressive respiratory distress (cyanosis);
  - (vi) Massive gastrointestinal (GI) bleed;
  - (vii) Life threatening dysrhythmias;
  - (viii) Compromised airway;
  - (ix) Signs or symptoms of shock;
  - (x) Severe respiratory distress;
  - (xi) Respiratory arrest; or
  - (xii) Febrile infant less than two months of age.
2. Pediatric medical emergency transport may be diverted from the original destination if the patient's condition becomes unmanageable or exceeds the capability of the transporting unit, in which case the patient may be triaged at the closest facility.
3. Pediatric medical emergency air ambulance transports must go to a Comprehensive Regional Pediatric Center.
- (b) Pediatric trauma patients should be taken to trauma facilities as provided in paragraph (2).
- (5) Any patient who does not qualify for transport to a Trauma Center or a Comprehensive Regional Pediatric Center should be transported to the most appropriate facility in accordance with regional or local destination guidelines.
- (6) Adults or children with specialized health care needs beyond those already addressed should have their destination determined by Medical Control, or by regional or local guidelines, or by previous arrangement on the part of patient (or his/her family or physician).
- (7) A transport may be redirected or an alternate destination requested. If so, non-transport of the patient, or transport of the patient to an alternate destination shall not violate this rule and shall not constitute refusal of care.