Loudoun County Emergency Medical Services Council, Inc.

General Directive #5

Destination Determination

Origin: 03/10
Revision: 08/12

Patients requiring transport shall be taken to the closest, most appropriate emergency department unless the Medical Control Physician directs you otherwise. Requests by the patient, family or a private physician for transport to an alternate facility shall be directed to the Medical Control Physician for authorization.

As a freestanding emergency department, The Inova Emergency Care Center Leesburg is well equipped to handle a broad spectrum of emergency conditions. However, the following patients may benefit from direct transport to a hospital-based emergency department when patient stability allows (consult Medical Control Physician for further guidance as needed):

- Open Fractures.
- Patients needing blood transfusion.
- Patients with obvious surgical emergency.
- OB patients in active labor beyond 20 wks gestation (Notify Medical Control and may go directly to The Birthing Inn at Inova Loudoun Hospital if nature of situation is purely obstetrical).

Specialty centers:
Patients with certain conditions may benefit from direct transport to a specialty center as the closest *appropriate* facility, even if that destination is not the closest emergency department. Critically unstable patients (e.g. impending cardio/pulmonary arrest, CPR in progress, failed EMS airway) should generally go to the closest emergency department. Consult Medical Control Physician for guidance as needed.

Certified Stroke Centers:
Inova Loudoun Hospital
Inova Emergency Care Center Leesburg (Cornwall)
Inova Fairfax Hospital
Reston Hospital Center
Winchester Medical Center

STEMI:
Inova Loudoun Hospital
Reston Hospital Center
Inova Fairfax Hospital
Winchester Medical Center
Frederick Memorial Hospital

Hyperbarics:
Inova Mount Vernon Hospital
George Washington University Hospital

**** TO BE DONE ONLY ON ORDERS OF MEDICAL CONTROL PHYSICIAN**

Burn Center:
Washington Hospital Center

Trauma:
Inova Fairfax Hospital Level 1
Winchester Medical Center Level 2
Washington Hospital Center Level 1

Trauma Triage and Transport:
Patients with the following criteria are authorized via **standing order** to be transported directly to a Trauma Center (or Burn Center if appropriate). Consult Medical Control Physician as needed.

Adult Patient (16 and older)	Pediatric Patient
Respiratory • Respiratory rate less than 10 or greater than 30 • Assisted ventilation • Airway compromise • Flail chest • Unequal breath sounds	**Respiratory** • Signs of respiratory distress or failure • Assisted ventilations • Airway compromise • Flail chest • Unequal breath sounds
CNS • Unconscious/Unresponsive • GCS 13 or below • Deteriorating level of consciousness • Does not follow commands • Unable to move extremities (possible cord injury) • Altered level of consciousness and on anticoagulants (Coumadin)	**CNS** • Unconscious/Unresponsive • Deteriorating LOC • Lack of spontaneous or purposeful movement • Unable to move extremities (possible cord injury)
Cardiovascular • Systolic blood pressure <90 (with signs & symptoms of shock) • Heart Rate >120 (with signs & symptoms of shock) • Uncontrolled bleeding	**Cardiovascular** • Evidence of poor perfusion • Uncontrolled bleeding
Injuries • Penetrating injury to head, neck, torso or extremity above knee/elbow • Two or more proximal long bone fractures (Femur/Humerus) • Amputation proximal to wrist/ankle • Pelvic fracture with instability • Rigid or distended abdomen • Burns to the airway • Circumferential burns • 2nd/3rd degree burns greater than 10% BSA or to the face, hands, feet, groin • Lightning or severe electrical burns	**Injuries** • Same as adult
****Consult Medical Control Physician and consider transport to the closest Emergency Department if unable to ventilate, traumatic cardiac arrest or no ALS available on scene or en-route.**	

**** TO BE DONE ONLY ON ORDERS OF MEDICAL CONTROL PHYSICIAN**

** **1. The following trauma patients may be candidates for direct transport to a Trauma Center despite the lack of physiologic criteria above. Consultation with MEDICAL CONTROL PHYSICIAN prior to transport is required.**

- **A. Pregnant patients over 20 weeks gestation**
- **B. Geriatric patients**
- **C. Extremities with loss of pulse, or severe crush/amputation above/proximal to finger/toe**
- **D. High mechanism of injury**
  - **1.** Adult fall >20 feet
  - **2.** Pediatric fall>10 feet
  - **3.** High Mechanism Auto Crash:
    - a) Ejection
    - b) Death of occupant
    - c) Intrusion >12 inches at occupant site or >18 inches at any site
    - d) Vehicle telemetry data consistent with high risk of injury
  - **4.** Motorcyclist crash > 20mph
  - **5.** Pedestrian/Bicyclist struck and thrown or run over
- **E. Patients on anticoagulants (e.g. coumadin, pradaxa/dabigatran) or with bleeding disorders (e.g. hemophilia)**
- **F. Other circumstances based on provider judgment**

2. Determine method of transport when going directly to Trauma Center

- A. Determining method of transport rests with senior EMT on scene
- B. Utilize air transport ONLY if faster than ground transport or in cases of prolonged patient extrication. **A decision to take a patient to the trauma center does not mandate the use of a helicopter.**
- C. Utilize ground transport to trauma center if helicopter unavailable.
- D. Consider utilizing the Level 2 Trauma Center in Winchester when transporting **adult** trauma patients ground.

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