

State of Maryland

Maryland Institute for Emergency Medical Services Systems

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To: Highest Jurisdictional Officials

**EMS Medical Directors** 

From: Timothy Chizmar, MD, FACEP

State EMS Medical Director

Date: October 13, 2021

**Re:** "Direct to Triage" Protocol

On October 12, 2021, the Maryland EMS Board approved the "Direct to Triage" Protocol as an optional supplemental protocol. Based upon an analysis of the pilot in Anne Arundel County, this protocol reduces the amount of time required for EMS to effect a safe transfer of care for qualifying patients upon arrival at emergency departments.

If your jurisdiction wishes to utilize this new protocol, please complete the optional supplemental protocol application (attached) and submit via email to Chris Hyzer (<a href="mailto:chyzer@miemss.org">chyzer@miemss.org</a>). Please identify a primary point of contact for your jurisdiction and your proposed implementation date. Also, indicate your plans to ensure training, QA/QI review, as well as your plan for communication with local hospitals.

The attached "Direct to Triage" Protocol should be used without modification of the clinical criteria. It is essential that uniform criteria are used as many hospitals receive patients from multiple EMS jurisdictions.

A decision support worksheet will be made available in eMEDS within the next few days. This will facilitate quality improvement review by the jurisdictional QA/QI officer and medical director. Additional information on eMEDS documentation will follow shortly.

Finally, MIEMSS will communicate the rationale for this new protocol to all EMS base stations in a forthcoming memo. However, I would ask that you also take this opportunity to have a conversation with your local hospitals prior to implementation.

Please let me know if you have any questions regarding this protocol. Thank you for your commitment to the Maryland EMS system as we aim to improve the efficiency of the EMS transfer of care process in our emergency departments.

#### Attachments:

Optional Supplemental Protocol Application Direct to Triage Protocol (approved 10/12/2021)



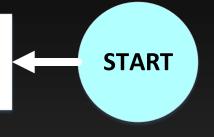
# Application for Participation in an Optional/Pilot Program

Name of Local Program:	Date:
Desired Optional Program:	
Method of Quality Assurance Review (please	use separate sheet as needed):
Individual responsible for Quality Assurance F	Review:
Name T	elephone:
Name A	ddress
Signature E-Mail:	
Manner in which Jurisdictional Medical Direct review:	- · · ·
Individual responsible for forwarding Optional Medical Director and State EMS Medical Dire	
Name T	elephone:
Approval of Optional Program Participation as Process:	nd Proposed Quality Assurance Review
Print Name	
EMS Operational Program Medical Director	State EMS Medical Director
Signature	
EMS Operational Program Medical Director	Form Revised 6/2016



# DIRECT TO TRIAGE PROTOCOL

- LOW ACUITY / PRIORITY 3 PATIENT
- PATIENT IS 18 YEARS OR OLDER
- ABLE TO COMMUNICATE W/ EMS
- UNDERSTANDS PROCESS
- ABILITY TO SIT INDEPENDENTLY IN A WHEELCHAIR





IF THERE IS EVER ANY DOUBT AS TO WHERE TO PLACE THE PATIENT; ALWAYS GO THROUGH ROUTINE AMBULANCE ED REGISTRATION AND TRIAGE PROCEDURE.

VITAL SIGNS ACCEPTABLE? (SEE CHART – 1)

IF YES, MOVE ON



CONDITIONS?

IF ANY PRESENT, STOP
IF NONE, MOVE ON



TIME DEPENDENT NEEDS? (SEE CHART – 3)

IF ANY PRESENT, STOP IF NONE, MOVE ON

# 1

**END OF CALL** 

SHORT FORM COPIED
AND GIVEN TO
APPROPRIATE NURSE
FOR RN SIGNATURES
PATIENT TRANSFERRED
OFF STRETCHER

**REPORT GIVEN** 

PATIENT PLACED DIRECTLY IN WAITING
ROOM VIA WHEELCHAIR, AT
REGISTRATION. SIGNATURES
OBTAINED AND PATIENT IS LEFT WITH
MIEMSS APPROVED SHORT FORM

DISCUSSION TAKES PLACE WITH
PATIENT ABOUT PLACEMENT IN
TRIAGE

## **ACCEPTABLE VITAL SIGNS:**

- RESPIRATIONS: 10-20
- PULSE: 60-100
- PULSE OX: >92% (room air)
- TEMPERATURE: 96-101°F
- BLOOD GLUCOSE (if indicated): 71-299 MG/DL
- BLOOD PRESSURES:
  - BETWEEN 110 AND 180 SYSTOLIC
  - BETWEEN 60 AND 100 DIASTOLIC

## HIGH RISK CONDITIONS

- UNEXPLAINED ABDOMINAL PAIN
- ALTERED MENTAL STATUS
- UNEXPLAINED BACK PAIN
- CHEST PAIN
- DYSPNEA / SHORTNESS OF BREATH
- (ACUTE) FOCAL NEUROLOGICAL DEFICITS
- SEIZURES
- SEPSIS (SUSPECTED)
- SYNCOPE
- SUICIDAL / HOMICIDAL IDEATIONS
- REQUIRES MORE THAN MINIMAL ASSISTANCE TO WALK
- UNABLE TO COOPERATE WITH HISTORY AND EXAM

### **TIME DEPENDENT NEEDS**

- AIRWA
- BREATHING
- CIRCULATION (INCLUDING TO EXTREMITY)
- DISABILITY (DEFICIT) OR DEFORMITY
- SEVERE TENDERNESS WITH PALPATION / EXAM
- SIGNIFICANT HEAD OR TRUNCAL TRAUMA
- UNCONTROLLABLE BLEEDING
- REQUIRES ALS MONITORING OR INTERVENTIONS
- CONCERN FOR POTENTIAL DETERIORATION

Approved 10.12.2021

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