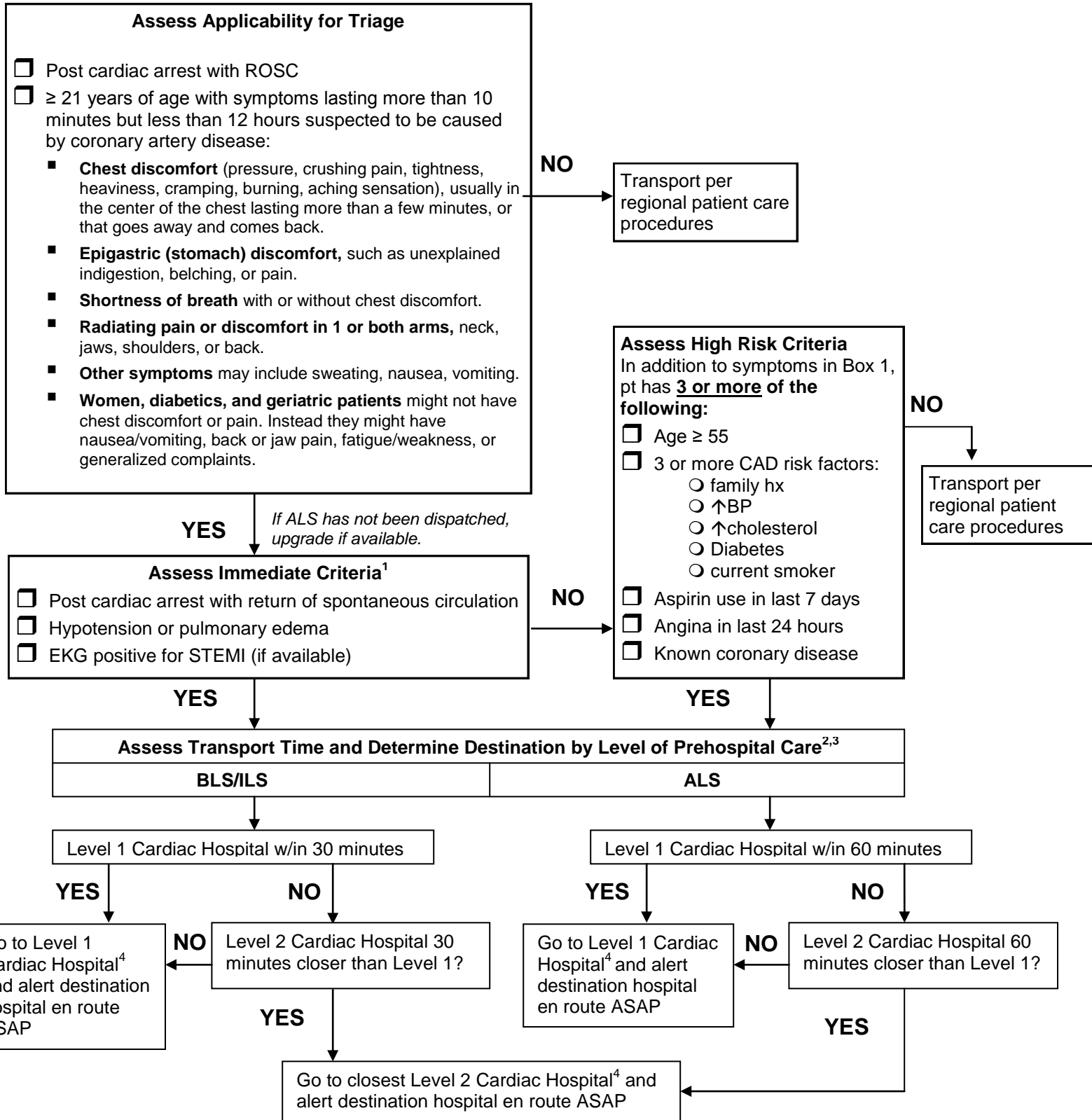


State of Washington Prehospital Cardiac Triage Destination Procedure



¹ Unstable patients with severe respiratory distress, hypotension, or recurrent life-threatening arrhythmias should be transported to the closest Level 1 or 2 Cardiac Hospital.

² Slight modifications to the timeframes may be made based on geographic and time variances. See page 2.

³ Consider ALS and air transport for all transports greater than 30 minutes.

⁴ If there are two or more Level 1 facilities to choose from (no more than 15 minutes difference in transport time), patient preference, physician practice patterns, and local rotation agreements maybe be considered in determining destination. This also applies when there are two Level 2 facilities to choose from.

State of Washington Prehospital Cardiac Triage Destination Procedure

Why triage cardiac patients?

The Cardiac Triage Procedure helps “get the right patient to the right place at the right time.” The faster a patient having a heart attack or who’s been resuscitated gets treatment, the less likely he or she will die or be permanently disabled. Patients with unstable angina and non-ST elevation acute coronary syndromes (UA/NSTE) are included in the triage procedure because they often need immediate specialized cardiac care.

This triage procedure is intended to be part of a coordinated regional system of care that includes dispatch, EMS, and both Level 1 and Level 2 cardiac hospitals.

How do I use the Cardiac Triage Procedure?

1. **Assess applicability for triage** – This first box helps you identify patients who might be having a heart attack or other acute heart condition. Some patients might not have classic chest pain symptoms. Women, diabetics, and geriatric patients often have symptoms other than chest pain/discomfort. If the patient is over 21 and has any of the symptoms listed, go to the next box.
2. **Assess immediate criteria** – If the patient meets any one of these criteria, he or she is very likely experiencing a heart attack or other heart emergency needing immediate care. Point of care biomarkers aren’t listed, but you can use them to assess the patient if they’re in your approved protocols. Testing for biomarkers is not required, and only definitely positive results should be used in triage decisions.
3. **Assess high risk criteria** – The high risk criteria box provides you with more information about the patient’s likelihood of having a heart attack even if their ECG is negative for STEMI or you can’t do an ECG.
4. **Determine destination** – The general guideline is to take a patient meeting the triage criteria directly to a Level 1 cardiac hospital within reasonable transport times. For BLS, this is generally within 30 minutes transport time, and for ALS, generally 60 minutes transport time. (See section below for further instructions.)
5. **Inform the hospital en route so staff can activate the cath lab and call in staff if necessary.**

What if a Level 1 cardiac hospital is just a little farther down the road than a Level 2?*

You can make slight changes to the 30/60 minute timeframe. The benefits of opening an artery faster at a Level 1 can outweigh the extra transport time. Changes must follow regional patient care procedures. Consider air transport.

To determine whether to transport beyond the 30 or 60 minutes, figure the difference in transport time between the Level 1 cardiac hospital and the Level 2 cardiac hospital. For BLS, if the difference is more than 30 minutes, go to the Level 2 cardiac hospital. For ALS, if the difference is more than 60 minutes, go to the Level 2 cardiac hospital.

BLS examples: A) minutes to Level 1 – minutes to Level 2 = 29: go to Level 1
B) Minutes to Level 1 – minutes to Level 2 = 35: go to Level 2

ALS examples: A) minutes to Level 1 – minutes to Level 2 = 45: go to Level 1
B) Minutes to Level 1 – minutes to Level 2 = 68: go to Level 2

Origin	Level 2	Mins	Level 1	Mins	Diff	Destination BLS/ILS	Destination ALS
Concrete	Sedro Woolley	31	Mt Vernon	57	26	Mt Vernon	Mt Vernon
Humptulips	Aberdeen	16	Olympia	72	56	Aberdeen	Olympia

What if there are two or more Level 1 or 2 facilities to choose from?

If there are two or more Level 1 (or level 2) facilities to choose from (no more than 15 minutes difference in transport time), you can consider patient preference, physician practice patterns, and local rotation agreements.

* We recommend ALS use a fibrinolytic checklist to determine if a patient is ineligible for fibrinolysis. If ineligible, transport to closest Level 1 hospital even if it’s greater than 60 minutes or rendezvous with air transport.