

WEST MICHIGAN REGIONAL PROTOCOL

PATIENT PRIORITIZATION POLICY

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Purpose: To provide guidelines for prioritization of the patient's clinical status.

M B S P

- I. **Priority Status**
 - A. **Priority 1**
 1. Critically ill or injured patient (immediately life-threatening illness or injury) who needs immediate attention beyond standing orders.
 2. Examples might include:
 - a. Head injury with GCS \leq 10
 - b. Penetrating trauma to head, neck, chest or abdomen
 - c. Significant blunt trauma with any one of the following:
 - 1) Respiratory distress
 - 2) Inadequate perfusion
 - 3) Unresponsive Patient
 - 4) Any one of the following:
 - a) Tender distended abdomen
 - b) Pelvic instability
 - c) Bilateral femur fractures
 - d. Unrelieved chest pain with associated signs and symptoms that are cardiac in nature (Clinical S/S consistent with AMI)
 - e. Cardiac arrest or post cardiac arrest
 - f. Any patient intubated, needing intubation or with assisted ventilation
 - g. Status epilepticus
 - h. Hypotensive for age and clinical signs of shock
 - i. Unstable vital signs
 - j. New onset of stroke-like symptoms (within 2 hours of onset.)
 - B. **Priority 2**
 1. Less serious condition, not currently life threatening illness or injury, but potentially life threatening if needless delay in care.
 2. Examples might include:
 - a. GCS 11-14
 - b. Postictal
 - c. Altered level of consciousness, responding to verbal or painful stimuli
 - d. Minimal alterations in vital signs
 - e. ALS Standing Orders are indicated.
 - f. Significant mechanism of injury in patient with stable vital signs
 - g. Amputation with controlled hemorrhage and stable vital signs.
 - h. Patient requiring continuous cardiac monitoring
 - C. **Priority 3**
 1. Non-urgent condition, which will require medical attention, but not immediate treatment
 2. Examples might include:
 - a. GCS 15
 - b. Stable vital signs
 - D. **Dead on Scene**
 1. Refer to Dead on Scene Policy
- II. **Special Considerations**
 - A. Generally, the transport priority (e.g.; emergency or non-emergency) will coincide with patient priority except under extenuating circumstances.

