

### Alternative Destination for EMS

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#### I. Purpose:

This document establishes the foundation and procedure for alternate destinations for EMS patients other than emergency departments.

Authority: SHB 1721

#### II. Policy:

EMS personnel may transport patients in crisis to alternate destinations instead of hospital emergency departments. These alternate centers must be capable and willing to accept pre-hospital transports. A center's willingness to receive such patients must be communicated to the medical program director.

Potential alternate facilities may include but are not limited to:

- Crisis center
- Domestic violence shelter
- Homeless shelter
- Detoxification center
- Behavioral health triage
- Urgent Care

A patient in crisis may include:

- Mental health issue
- Victims of domestic violence
- Substance use
- Homeless
- Experience grief/loss
- Sex trafficking

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#### III. Procedure:

- A. Once a person in crisis has been identified and there is intent to transport that patient to an alternate destination, a detailed history and physical exam will be performed. The elements of that history and physical will be documented on the patient care report (PCR).
- B. The patient will need to meet the inclusion and exclusion criteria for an alternate destination.

#### 1. Inclusion

- a. Age less than or at 55-years-old
- b. No serious chronic medical conditions
- c. Not taking medications that require laboratory monitoring(Warfarin/Coumadin, Dilantin/Phenytoin, Valproic acid/Depakote, Tegretol/Carbemazepine),
- d. Blood pressure less than 210/120

#### 2. Exclusion

- a. Overdose within the last 12 hours
- b. Current withdrawal from drugs or alcohol
- c. First-time delirium or psychosis
- C. Contact the intended center early to determine if the facility can accept the patient.
  - 1. If the intended facility cannot accept the patient, transport to the nearest appropriate emergency department.
- D. Complete PCR for the patient and provide it to the center within 24 hours.

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