

SAEMS PREHOSPITAL PROTOCOLS

Critical Adult Triage Protocol

- I. Adult patients who cannot be adequately oxygenated or ventilated, or who have uncontrolled bleeding should be transported to the closest emergency receiving facility.
- II. Patients with the following characteristics should be taken directly to an Adult Critical Care Facility (ACCF):
 - a. High risk for airway obstruction or failure (e.g. severe allergic reactions, upper airway swelling)
 - b. Respiratory distress (e.g. requiring > 6L NC, positive pressure ventilation)
 - c. Shock or hemodynamic instability
 - d. Unstable cardiac dysrhythmia
- III. Two-way communication is required to relay critical information per [SAEMS Communication Protocol](#).
- IV. Adult patients who meet other SAEMS Triage Protocol criteria should be transported according to the appropriate protocol unless you are unable to oxygenate or ventilate the patient, or if there is uncontrolled bleeding.
 - a. SAEMS Trauma Triage Protocol
 - b. SAEMS Burn Triage Protocol
 - c. SAEMS Critical OB Triage Protocol
 - d. SAEMS STEMI Triage Protocol
 - e. SAEMS Post-Cardiac Arrest Protocol
 - f. SAEMS Stroke Triage Protocol
- V. SPECIAL NOTES
 - a. A Critical Care Facility (ACCF) is defined as a facility with 24-hour staffed Intensive Care Unit.
In SAEMS: BUMCT, BUMCS, Canyon Vista, MGRMC, NWH, NWH-Houghton, OVH, TMC, SJH, SMH, VA
 - b. In outlying areas with a transport time of greater than 30 minutes to an ACCF, transport the patient to the closest emergency receiving facility, or consider air transport directly to a ACCF.