

ED Guidance Brief 1-D

Alternative Ambulance Patient Handoff Process for Low Acuity EMS Patients

Purpose:

To collaborate with FDNY to facilitate the timely handoff and release of low acuity patients from the EMS crews into the care of the ED (or alternative destination).

Procedure:

- The ED will identify the staff member who will receive these low acuity EMS patients. This person may be:
 - The ED front-end “sorter” clinician (preferable)
 - The walk-in ED triage nurse (if no sorter available)
- The ED will assist the EMS crew in identifying this staff member to whom report can be given and who will provide a signature.
- EMS will continue to transmit the ePCR to the facility, as usual.
- The receiving ED provider will determine whether the patient will go to the ED waiting room or be sent to the tent (if available and appropriate).
- If in the clinical judgment of the receiving clinician the patient is not low acuity, the EMS crew will assist the clinician in moving the patient back into the standard ED intake/evaluation process for patient safety.

Clinical Guidelines – Patient Selection Criteria:

- Inclusion Criteria:
 1. Low severity of illness
 2. Able to sit in a chair while awaiting evaluation
- Exclusion Criteria:
 1. Unstable vital signs (Temp < 36 or > 40 C, HR < 60 or > 120, RR > 24, SBP < 90 or > 220, SpO2 < 94%)
 2. Respiratory distress
 3. Altered mental status
 4. Intoxication
 5. Requires 1:1 observation (EDP, elopement risk, fall risk)