

I. Purpose

A. To establish guidelines for the implementation of special EMS projects in San Benito County. Examples of special projects include: injury prevention efforts, trial studies of medications or procedures, alternate patient destinations, changes in scope of practice.

II. Special projects shall be presented to the EMS Medical Director and considered for the San Benito County EMS system under the following circumstances:

- A. Projects anticipate an increase in the quality of patient care, and/or create system efficiencies, and/or reduction in costs.
- B. Projects clearly fall within current regulatory guidelines.
- C. Projects include an evaluation component to help determine the value of continuing the project.
- D. Projects clearly demonstrate no risk to the public's safety.

III. Periodic reviews of the efficacy of special projects may result in continuing, expanding or cessation of the project, as determined by the EMS Medical Director. Purpose:

A. To delineate patient clinical status levels and provide recommendations for evaluating patient acuity in order to facilitate accurate communication among pre-hospital and hospital providers.

II. Patient Acuity Levels

A. All patients evaluated in the San Benito County EMS system will be assigned a clinical acuity level, referred to as a "Patient Status Level." This 1 – 5 numeric acuity rating system describes patients from highest acuity (Status 1) to lowest acuity (Status 5). Guidelines for classification using this system are as follows:

1. Status 1 Patients (*In Extremis*)

- a) Patients with immediate, life-threatening airway, breathing or circulatory *compromise*, despite pre-hospital basic & advanced life support interventions.
- b) *In extremis* patients will die quickly if their life threats cannot be reversed. Examples of Status 1 patient conditions include: cardiac or respiratory arrest, profound decompensated shock; respiratory failure; unmanageable obstructed airways; and uncontrolled life-threatening hemorrhage.
- c) These patients require immediate BLS and ALS interventions, and in most cases, immediate transport with treatments performed enroute to the hospital. When transported, *in extremis* patients should always be taken to the closest hospital.

2. Status 2 Patients (Severe Distress)

- a) Patients are in substantial physiologic distress and without timely intervention, they will worsen. They are physiologically unstable, and often present with significantly



abnormal vital signs.

- b) Most Status 2 patients have significant life threats including compromises to their respiratory, circulatory or neurologic systems. Examples of Status 2 patients include:
 - (1) trauma patients with substantial multiple hits;
 - (2) respiratory distress patients requiring aggressive nebulizer therapy and/or CPAP; patients with anginal equivalent chest pain, and abnormal vital signs whose pain is refractory to nitroglycerin; seizing patients, or patients with significantly altered consciousness and abnormal vital signs.
 - (3) These patients require Code 3 transport to the hospital, and ALS intervention.

3. Status 3 Patients (Moderate Distress)

- a) Patients are moderately distressed patients who require modest ALS interventions. They are physiologically stable, and will not likely worsen with/without intervention.
- b) Their vital signs may be mildly abnormal, secondary to pain or increased respiratory effort for example, but are stable.
- c) Status 3 patients include:
 - (1) post-seizure patients regaining full consciousness requiring a prophylactic IV;
 - (2) an asthmatic in compensatory respiratory distress who responds to a breathing treatment;
 - (3) chest pain whose pain is resolved with nitroglycerin and oxygen therapy;
 - (4) trauma patients with extremity injuries requiring parenteral analgesia;
 - (5) patients with significant mechanism but minor/moderate anatomic or physiologic findings.
- d) Status 3 patients may have significant co-morbidities which contribute to their chief complaint.
- e) These patients require Code 2 transport to the hospital (with some ALS interventions) to reduce pain and suffering, or for prophylactic purposes.

4. Status 4 Patients (Mild Distress)

- a) Mildly distressed patients who only require non-invasive care. They are physiologically stable, have normal vital signs, mild amounts of discomfort, and generally require only BLS interventions.
- b) Examples of Status 4 patients include:
 - (1) Traffic collision patients requiring only spinal immobilization;



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- (2) Minor extremity injury;
 - (3) Minor burns;
 - (4) Pediatric fever and/or URI symptoms but no respiratory distress;
 - (5) Elderly patients with isolated, non-systemic complaints (such as mild pain from chronic conditions).
- c) Status 4 patients may have major co-morbidities but these should not be seen as contributing to the patient's current distress.
 - d) These patients require Code 2 transport to the hospital with BLS interventions.
5. Status 5 Patients (No Apparent Distress)
- a) No physiologic distress, and have no substantive clinical findings on exam.
 - b) Status 5 patients have normal vital signs and are extremely stable patients. These patients require no substantive treatment on scene or en-route to the hospital.
 - c) Examples of Status 5 patients would include:
 - (1) a status-post choking child now appearing without any complaint,
 - (2) a swimmer who was thought to be requiring rescue towed to shore by lifeguards with no complaints.
 - (3) Status 5 patients have no other substantial co-morbidities which might indicate subtle presentations of more serious conditions.
 - (4) They need only Code 2 transport to the hospital and may in fact AMA on scene.

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