

Hospital Transport Classifications

Once a patient has been assessed, all patients should be assigned a transport classification based on the acuity as determined by the transport attendant-in-charge. In accordance with Virginia's Mass Casualty Plan, UVa Department of Emergency Medicine, and as outlined by the Governor's EMS Advisory Board, the following patient designations will be utilized:

RED - Immediate (highest priority):
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| Trauma Related - | Airway concerns
Amputations
Any burns with this inclusive listing
Assisted ventilations
Burns with > 50% BSA
GCS < 13
Paralysis
Pediatric head injury with altered mental status
Penetrating injury to head
Penetrating wounds to neck or trunk
Pregnant with abdominal pain or signs of abdominal trauma
Rapid infusion to maintain a SBP > 90 mmHg (adult)
Signs / Symptoms of respiratory distress
Signs of shock or SBP < 100 in an adult or < (2xage in years)+ 80 for child
Uncontrolled hemorrhage
Unresponsive |
| Medically Related- | Acute neurological issues
Airway management difficulties
Breathing issues
Post- resuscitation
Significant perfusion challenges
Any unstable patient |

Hospital Transport Classifications (continued)

YELLOW - Delayed (second priority)

- Trauma related -** MVC with any of the following:
- Ejection from moving vehicle
 - Death in the same passenger compartment
 - Auto roll-over
 - Steering wheel damage
 - Auto-pedestrian incident
 - Auto-bicycle collisions
- Extrication time > 20 minutes
Motorcycle crashes > 20 mph
Falls
- > 10 feet in patients < 10 yrs or > 55 yrs of age
 - > 20 feet in other patients
- Venomous snakebites
- Medically related -** Any stable or potentially unstable patient, (i.e., Chest pains resolved, Dyspnea – resolved, Diabetic crisis resolved, Seizures resolved, etc).

GREEN - Minor (third priority)

- Trauma related -** Minor painful swollen deformities
Minor soft tissue injuries

BLACK - Dead (lowest priority)

EMS should provide the most rapid access to appropriate emergency medical care while using the EMS system as efficiently as possible. In other words, EMS should transport to the closest appropriate emergency facility for rapid evaluation by a physician. If facilities are of equal distance and able to provide equivalent care, then the patient should certainly be offered the choice of destinations. Transport to facilities farther away when an emergency exists may compromise care of the patient as well as the operation of the EMS system involved. EMS crews in conjunction with medical command physician may identify instances when transport to a more distant facility is appropriate, but, without medical command, the assessment by the crew of the patient's status and needs will dictate the course followed.