## CENTRAL CALIFORNIA EMERGENCY MEDICAL SERVICES

A Division of the Fresno County Department of Public Health

Manual	Emergency Medical Services Administrative Policies and Procedures	Policy Number 567 Page 1 of 3
Subject	Delivering Patients to Receiving Hospitals	<u> </u>
References		Effective: 04/18/83

## I. POLICY

EMTs and Paramedics shall deliver patients to the appropriate area of a hospital and turnover the care of the patient to the appropriate medical staff. Each hospital has the discretion of setting its own policy concerning who shall receive the turnover of the patient at its facility.

## II. PROCEDURE

A. EMS personnel will provide appropriate medical report and turnover of care to the appropriate individuals at the following hospitals:

		RN / RN	Physician	
Hospital	LVN	Practitioner	Asst	MD
Adventist Health- Hanford		X		X
Adventist Health- Reedley	X	X		X
Adventist Health- Selma		X		X
Adventist Health- Tulare	X	X	X	X
Clovis Community Medical Center	X	X		X
Coalinga Regional Medical Center		X		X
Community Regional Medical Center	X	X		X
Kaiser Permanente Hospital		X		X
Kaweah Health Medical Center	X	X	X	X
Madera Community Hospital		X		X
Mercy Medical Center Merced		X		X
Saint Agnes Medical Center	X	X		X
Sierra View Medical Center	X	X	X	X
Valley Children's Hospital	X	X		X
Veterans Administration Hospital		X		X

Approved By		Revision
EMS Director	<b>Daniel J. Lynch</b> (Signature on File at EMS Agency)	12/22/2025
EMS Medical Director	Miranda Lewis, MD (Signature on File at EMS Agency)	

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B. Patients who can go directly to an emergency department waiting room

Prehospital personnel shall utilize the emergency department patient entrance at all receiving hospitals for non-emergent patients. Delivery of patients to the appropriate area of the emergency department is based on severity of illness.

- 1. Patients who meet all of the following criteria can be taken directly to the emergency department walk-in waiting room, bypassing the ambulance entrance used for serious or critically ill patients.
  - Patients 18 years old or older or minors accompanied by a responsible adult.
  - Patient vital signs

Adults: Pulse: 50-120 bpm

Systolic Blood Pressure: 100-180 mm Hg Diastolic Blood Pressure: less than 120 mm Hg

Respiratory Rate: 12-30

Pediatrics: Vital signs appropriate for age (Policy 530.32)

• Patient can sit unassisted and has reasonable mobility.

- Patient does not meet criteria for ETA call-in.
- Patient does not have IV access started by EMS.
- Patient is not on a 5150 hold, conserved, or in custody.
- Patient is not endorsing suicidal/homicidal ideations.
- Patient is not altered or gravely disabled such that leaving them unattended could endanger the patient or others.
- 2. If hospital staff decline to sign ePCR to receive the patient, EMS personnel shall document the staff member's name in the narrative and document "refused to sign" in the signature box
- C. Patients not meeting criteria to go directly to an emergency department waiting room
  - 1. Patients not meeting the criteria to go directly to the emergency department waiting room will enter through the ambulance entrance and immediately report to EMS Triage. For most serious or critical cases, the EMS Triage nurse/physician will immediately assign a room.
  - 2. Once triaged, EMS personnel shall take patient to the assigned room or area. This may include directly to the cath lab, labor and delivery, or an EKG station since this is a continuum of care. EMS personnel shall not be tasked with moving or shuttling patients to multiple locations (i.e., x-ray or other studies).
  - 3. EMS personnel shall continue treatment that was initiated in the prehospital setting. After the patient has been triaged, EMS personnel shall not initiate any additional treatment (with the exception of BLS airway and CPR) as the patient has been accepted by the receiving facility. If the patient requires additional treatment or care, EMS personnel shall immediately notify hospital staff.
  - 4. Regardless of patient complaint or acuity, patients not immediately receiving a bed assignment from EMS Triage, EMS personnel shall do the following:
    - a. The transporting ambulance crew shall standby with the patient for up to 30 minutes after arrival at the receiving facility. After 30 minutes, the transporting ambulance crew shall do the following:
      - 1) Notify the charge nurse that 30 minutes has passed without a bed assignment.
      - 2) If no bed assignment at 45 minutes, place the patient on a chair, bed, gurney, or disaster cot and notify charge nurse of the patient's location, and return to service.

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b. If hospital staff decline to sign ePCR to receive the patient, EMS personnel shall document the staff member's name in the narrative and document "refused to sign" in the signature box

## D. EMS Equipment and Therapy Status

- <u>Cardiac Monitor</u> If the patient is not being treated under an ACLS protocol and the monitor has shown a sinus rhythm or stable pre-existing rhythm (atrial fibrillation, bigeminy, asymptomatic bradycardia), the monitor shall be removed from the patient when arriving at hospital. <u>No ETA</u> <u>Call-in</u> is required if the cardiac monitor is discontinued.
- 2. <u>Oxygen Administration</u> Prehospital personnel should only administer oxygen when the treatment protocol requires oxygen, or when a patient's pulse oximetry reading is 93% or less.

Oxygen should be discontinued on patients when it is not indicated according to protocol. For example, if an ambulance crew arrives on scene where oxygen is initiated by the first responder agency, they shall discontinue the oxygen if not indicated. Oxygen is overused and should only be used on patients as noted in the patient treatment protocols. Frequently, the use of oxygen (when not needed) prevents the patient from being delivered to the waiting room. No ETA Call-in is required if oxygen is discontinued.

- 3. <u>IVs and Saline Locks</u> IV access should only be considered in a patient when the treatment protocol requires an IV or there is a reasonable and imminent chance that the patient's condition may deteriorate enroute to the hospital. Similarly, a saline lock should only be initiated in patients who require vascular access based upon the specific treatment protocol. Frequently, the IV or saline lock prevents the patient from being delivered to the waiting room.
- E. When arriving at a hospital, EMS personnel shall not delay the off-load of a patient from the ambulance and patients shall not be held in ambulances.