

STATUS 1

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TREATMENT ON SCENE

- Initial resuscitation only
- Rapid packaging; 12 lead ECG for cardiac chest pain or its equivalents; CBG
- Balance on scene airway management with need for load & go; minimize scene time
- IV's established en route unless prolonged extrication.

DESTINATION

Choose the shortest time (scene-to-definitive care hospital) of the following choices:

- Immediate direct ground or air transport to the **definitive care hospital** or immediate ground transport to the **closest hospital helipad/landing zone** for Air Med intercept.
- Upon arrival at hospital, if Air Med ETA is >8 minutes, proceed to ED for stabilization. If <8 minutes, air transport to the **definitive care hospital**.

COMMUNICATION

- **STANDARDIZED CALL REPORT** to Air Medic upon transfer of care
- **STANDARDIZED CALL REPORT** to ED en route to hospital and upon transfer of care

EXCEPTIONS

- Treat **non-traumatic cardiac arrest** on scene.
- New onset GCS ≤ 13 with etiology known and easily reversed may be treated on scene.
- LERN trauma protocols supersede Status 1 protocol.
- When the patient is adamant about being transported to a facility against the advice and judgment of the paramedic, complete the "Patient Refused Treatment/Transport Signature" within the ePCR or an Against Medical Advice form prior to transport.

Pearls:

- Patients meeting these criteria are deemed most critical. The goal is transport to a **definitive care hospital**:

For Trauma Patients: Regional trauma protocol where applicable, see Appendix. Otherwise, a hospital with 24/7 **surgical** capabilities.

For STEMI Patients: Follow regional STEMI system protocols, where applicable. Otherwise, a hospital with 24/7 **Percutaneous Coronary Intervention (PCI)** capabilities, if transport time ≤ 60 minutes.

For Acute Stroke Patients: Follow regional stroke system protocols where available. Otherwise, transport to the closest **Comprehensive Stroke Center (Level I)**, **Thrombectomy Capable Stroke Center** or **Primary Stroke Center (Level II)**, or **Acute Stroke Ready Hospital (Level III)**.

For Non-Traumatic Pediatric Patients:

Hospital with 24/7 **pediatric ICU/NICU** capabilities

For All Other Patients: Hospital with 24/7 **emergency department** capabilities

For ROSC Patients: If patient meets Inclusion Criteria for Targeted Temperature Management transport to a hospital which provides Targeted Temperature Management, if the additional transport time does not exceed 15 minutes. See the **INCLUSION CRITERIA FOR TEMPERATURE TARGETED MANAGEMENT** in the Appendix.

- Contact the **Louisiana Emergency Response Network (LERN)** if the trauma patient meets LERN entry criteria. See LERN Entry Criteria-Trauma in the Appendix.
- Contact the **Louisiana Emergency Response Network (LERN)** if the burn patient meets LERN entry criteria. See **LERN DESTINATION PROTOCOL- BURNS** in the Appendix.
- USE COMMON SENSE! If the definitive care hospital is slightly farther than the "closest" non-definitive care hospital, go to the definitive care hospital.
- In cases of cardiac arrest, uncontrolled airway, uncontrolled tension pneumothorax, the **closest hospital** is the definitive care hospital.
- GCS ≤ 13 must be acute (recent onset) to meet Status 1 criteria & present during the initial assessment. Perform a CBG to establish reversible causes.
- For successfully treated hypoglycemia and narcotic overdoses where the GCS improves to 14 or 15, the patient's status can be changed from Status 1 to Status 3.
- Anxious, hyperventilating patients with an initial respiratory rate of >29 can be reclassified if the patient can be calmed by the medic and the respiratory rate decreases to ≤ 29 .
- Document all exceptional circumstances.
- Transmit 12 lead ECG when transporting to a destination capable of receiving transmission when indicated.
- When possible, do not delay transport of patients presenting with life or limb threatening injuries to obtain refusals and/or management of patients with minor injuries (see **SCENE ASSESSMENT-MULTIPLE REFUSALS Policy**)