

STATUS 2

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TREATMENT ON SCENE

- TRAUMA: Initial resuscitation & rapid packaging and long bone splinting for trauma; load & go
- CARDIAC: Capture & transmit 12 lead ECG when indicated; oxygen when indicated, nitroglycerin & aspirin; load & go
- STROKE: Load and go
- One IV attempt only on scene
- Minimize scene time

DESTINATION

- Air Med intercept ONLY if it shortens the transport time.
- Direct ground or air transport to a **definitive care hospital** with the following capabilities:

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)**.

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

- LERN trauma protocols supersede Status 2 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:

- 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 BURN Entry Criteria in the Appendix. Patients meeting these criteria require time-critical interventions at a definitive care hospital.
- Transmit 12 lead ECG when transporting to a destination capable of receiving transmission, when indicated.
- The definitive care hospital for cardiac patients with STEMI is one that is capable of rapid reperfusion. PCI is preferable to thrombolysis, especially in cases where contraindications to thrombolytics and "high risk factors" (according to ACC/AHA Guidelines) exist.
- Document all exceptional circumstances.
- When possible, do not delay transport of patients presenting with life or limb threatening injuries to obtain refusals and/or management with patient with minor injuries (see **SCENE ASSESSMENT-MULTIPLE REFUSALS Policy**).