Dartmouth EMS Patient Transport Decisions

***Please note: In the event of an alcohol consuming minor or any other illegal drug use, while you may make your best medical recommendation, the final transport decision must be made as a collaboration with DOSS in order for the Good Samaritan policy to apply. ***

If the patient declines further medical treatment:

1. All Patients
   a. Patient must be warned of the risks of refusal per New Hampshire protocols and advised to seek follow-up treatment. Patient must be advised that they can call DOSS and DEMS or HFD back at any time.
   b. Patient must sign RMA form.
   c. Patient must be at least 18 years of age or an emancipated minor.
      i. If not, a parent/legal guardian of the patient must sign the RMA.
   d. Patient must be A&Ox4. **
   e. The patient may then ride with DOSS to the hospital for further treatment if transport reason falls under DOSS protocols.

2. Release to themselves:
   a. Patient may be released on their own if they are nonconsuming.
   b. Patient may also be released on their own if they have consumed alcohol but are sober* and if they are over the age of 21.

3. Release to the care of a Friend:
   a. Patient may be released to a friend in the event that a pt. is sober, * but has consumed alcohol and is under the age of 21.
   b. Friend must be 18 years of age or older.
   c. Friend must be sober. *

If the patient desires further medical treatment:

4. Transport to Dicks House In-Patient Department (IPD)
   a. An EMT must ride with the patient to Dick’s House.
   b. An intoxicated patient must be able to walk on their own, maintain their airway, be non-combative, and require no continued emergent interventions.
      i. An intoxicated patient experiencing nausea and vomiting can be transported to Dick’s House if his/her airway is patent and stable and if his/her vomiting is insufficiently severe to warrant more advanced medical care than Dick’s House can provide
   c. A medical patient (e.g. GI illness, respiratory illness, etc.) must not require advanced interventions or continued emergent support. Dick’s house capabilities for a medical patient include observation, medication administration (prescription and over the counter), nebulizer treatments, and IV hydration.
d. Any patient must not need interventions outside the capabilities of IPD (see point 5a below)

5. Ride with Ambulance to hospital
   a. Patient needs medical care outside the capabilities of IPD. This includes, but is not limited to: Advanced airway support, warming of core body temperature (no pt. below 35.5° can go to Dick’s House), sutures, head injury evaluation, x-ray, restraint, advanced psychological support (for suicidal patient or patient exhibiting psychotic behavior).
   b. Scenarios in which an ALS agency will be dual-dispatched include: unconscious patient, cardiac arrest, respiratory arrest, chest pain, severe trauma, seizures, severe abdominal pain, diabetic emergencies, critical burns, any life threatening injury or illness, or at the discretion of the lead (“Primary”) EMT. For any of these situations, the ALS agency will make the transport decision if any patient contact is made.
   c. The patient will automatically be sent to the hospital from IPD if he/she has a BAC of .3 or higher, or if the IPD nurses determine he/she needs a higher level of care.

6. Transport to Hospital with Assistance from Hanover Police
   a. In the event that the patient is violent or attempts to escape the scene, Hanover Police may be called to assist in the transport of the patient.

*sober here is defined as: determined if A&Ox4, can walk and speak steadily, show no signs of current dizziness/nausea/vomiting/SOB
**A&Ox4 is defined as: Alert and Oriented to their name, their location, the general time, and recent events