
TRANSPORT GUIDELINES

Note: In addition, see “Trauma Patient Criteria” page 24, “Burn Patient Criteria” page 6, “CVA” page 33, “Chest Pain/MI” page 35, and “12-lead EKG” page 125 for specific transport instructions.

1. GENERAL TRANSPORT GUIDELINES: All patients who wish to be transported by ambulance to the hospital should be transported
 - 1.1 Patient Destination:
 - 1.1.1 Patients should be transported to the closest hospital appropriate for their medical needs within a reasonable transport time, without regard to county lines, or as specified in the patient care protocols
 - 1.1.2 In general, patients should be transported to the hospital choice of the patient and/or family, if allowed by the protocols, and if there is no compelling reason to take them somewhere else
 - 1.1.3 Paramedics should contact the Base Physician for any questions regarding transport destinations. If the Base Hospital is contacted for medical direction, the ultimate responsibility for determining patient destination will rest with the Base Hospital Physician
2. TRANSPORT DECISIONS: Transport decision should be based on paramedic judgment. Paramedics should take the following into consideration before transport:
 - 2.1 Patient condition or ability of field personnel to provide field stabilization and/or emergency intervention- Note: Any patient with an unstable appearance or severe symptoms should be transported Code 3 ***if Code 2 travel would significantly increase transport time to the hospital***
 - 2.2 Scene assessment and/or potential extrication difficulties
 - 2.3 ETA to the destination facility including traffic delays
 - 2.4 Instructions within specific algorithms to “initiate early transport”
 - 2.5 Hospital diversion status - See “Ambulance Diversion” page v
 - 2.6 Recommendation from a physician familiar with the patient’s current condition, or the patient’s regular source of hospitalization/healthcare. For physician on-scene - see page 100
 - 2.7 Hospitals with specialized services (e.g.: trauma center, burn center, STEMI, etc.)
3. TRANSFER OF CARE: Any paramedic level personnel may transfer care of a BLS patient to any EMT-I as long as the care required by the patient is within the scope of practice of an EMT-I, and the patient has no injury or illness that requires or is likely to require ALS monitoring or treatment
4. RECEIVING HOSPITAL NOTIFICATION: Transport units should contact the receiving hospital prior to arrival with the patient’s chief complaint, a summary of treatment given and the ETA.
5. OUT OF COUNTY TRANSPORTS:
 - 5.1 Patients may be transported to hospitals outside Alameda County if the out-of-county hospital is the closest most appropriate hospital for the medical needs of the patient. Base contact is not required but should be attempted if there are any questions regarding the transport
 - 5.2 Contact the receiving facility by radio or landline. If unable, contact the appropriate dispatch agency to relay information to the receiving facility. This will provide information on bed availability. Do not transport patient to out-of-county hospital without obtaining prior authorization