



**PARAMEDIC EVALUATION, TRANSPORT, UPGRADE or TURN DOWN
Operational Policy**

POLICY

A Paramedic evaluation is defined as a medical assessment by a Milwaukee County Full Practice Paramedic with the ability to perform a 12 lead ECG as well as other diagnostic and therapeutic skills outlined in the Scope of Practice Policy and listed below. Transport of certain patients may be conveyed by EMT, AEMT or IEMT services if the Paramedic determines that the patient is stable and **all** patient care needs can be appropriately managed by an EMT, AEMT or IEMT except as outlined below. The transfer of care from a Paramedic to an EMT, AEMT or IEMT must adhere to the Transfer of Care Policy and the Paramedic is required to complete a full patient care report outlining the medical decision-making elements for the transfer of care.

This policy cannot list every situation in which a Paramedic evaluation or transport should occur—therefore, the guiding principle centers on the commitment to match patient needs with the most appropriate EMS providers while balancing the overall system resources.

The following patient MEDICAL PRESENTATIONS require paramedic evaluation WITH A 12 LEAD ECG:

1. Non-traumatic chest pain age >35
2. Acute Coronary Syndrome equivalents age >35: sudden and unexplained nausea, vomiting, dyspnea, diaphoresis, non-traumatic back or epigastric pain especially in women, the elderly, patients with previous cardiac history, diabetes, renal failure/dialysis, or recent stimulant drug use
3. Syncope **Syncope requires 12-lead evaluation to rule out concerning ECG**

The following patient MEDICAL PRESENTATIONS require medical evaluation and transport by a Milwaukee County paramedic ambulance*:

1. Ischemic 12 lead ECG (contiguous ST elevation and/or depression)
2. Paramedic clinical judgment or suspicion of early and evolving Acute Coronary Syndrome
3. History or physical examination reveals a potentially life-threatening situation not otherwise listed OR abnormal vital signs with symptoms of distress (see chart below):
4. Sudden and unexplained altered mental status
5. Obstetric patients with severe vaginal bleeding, eclampsia/pre-eclampsia, imminent delivery, breech presentation, prolapsed umbilical cord, **multiple births, amniotic fluid contaminated by fecal material**
6. **Newborn flaccid, poor cry, pulse less than 140, any abnormal vital sign at 10 mins, born less than 38 weeks gestation, any evidence of fetal or neonatal distress** **Updated obstetric and newborn criteria**
7. Seizure without mental status improvement for more than 5 minutes
8. Syncope with high risk features (**concerning 12 lead ECG, history of CHF, active bleeding, shortness of breath, hypotension**)
9. EMS-initiated procedures*:
Syncope with 'high risk features' requires ALS transport
 - a. Epinephrine for anaphylaxis
 - b. CPAP
 - c. Albuterol, if bronchospasm is not completely relieved
 - d. Dextrose or glucagon, if patient remains altered or blood glucose remains less than 60 mg/dl
 - e. Naloxone, if patient remains altered with potential for airway compromise

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The following patient **TRAUMA PRESENTATIONS** require medical evaluation and transport by a Milwaukee County paramedic ambulance to the highest level trauma center:

RED CRITERIA - High Risk for Serious Injury

- Injury Patterns**
- Penetrating injuries to head, neck, torso, and proximal extremities
 - Skull deformity, suspected skull fracture
 - Suspected spinal injury with new motor or sensory loss
 - Chest wall instability, deformity, or suspected flail chest
 - Suspected pelvic fracture
 - Suspected fracture of two or more proximal long bones
 - Crushed, degloved, mangled, or pulseless extremity
 - Amputation proximal to wrist or ankle
 - Active bleeding requiring a tourniquet or wound packing with continuous pressure

- Mental Status & Vital Signs**
- All Patients
- Unable to follow commands (motor GCS < 6)
 - RR < 10 or > 29 breaths/min
 - Respiratory distress or need for respiratory support
 - Room-air pulse oximetry < 90%
- Age 0–9 years
- SBP < 70mm Hg + (2 x age in years)
- Age 10–64 years
- SBP < 90 mmHg or
 - HR > SBP
- Age 65 years
- SBP < 110 mmHg or
 - HR > SBP

YELLOW CRITERIA - Moderate Risk for Serious Injury

- Mechanism of Injury**
- High-Risk Auto Crash
 - Partial or complete ejection
 - Significant intrusion (including roof)
 - >12 inches occupant site OR
 - >18 inches any site OR
 - Need for extrication for entrapped patient
 - Death in passenger compartment
 - Child (age 0–9 years) unrestrained or in unsecured child safety seat
 - Vehicle telemetry data consistent w/severe injury
 - Rider separated from transport vehicle with significant impact (eg, motorcycle, ATV, horse, etc.)
 - Pedestrian/bicycle rider thrown, run over, or with significant impact
 - Fall from height > 10 feet (all ages)

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The following TRAUMA PRESENTATIONS should receive ALS evaluation. Transport may be accomplished by any level provider indicated to a destination in accordance with the trauma field triage guideline.

EMS Judgment

provided no other accompanying RED or YELLOW criteria are present

Consider risk factors, including:

- Low-level falls in young children (age ≤ 5 years) or older adults (age ≥ 65 years) with significant head impact
- Anticoagulant use
- Suspicion of child abuse
- Special, high-resource healthcare needs
- Pregnancy > 20 weeks
- Burns in conjunction with trauma
- Children should be triaged preferentially to pediatric capable centers

If concerned, take patient to a trauma center

**Exceptional situations may arise when a patient requiring paramedic evaluation/ transport may be conveyed by EMT, AEMT or IEMT ambulance as outlined in the “Load and Go-Deviation From Paramedic Evaluation/Transport” Operational Policy.*

Abnormal Vital Signs

ADULT	Heart Rate	Resp Rate	BP mm/Hg	Cap Refill Time	Pulse Ox	EtCO2
Adult (> 40 Kg or age 14)	< 50 or > 110	< 12 or > 16	< 90 or > 220	> 3 seconds	< 94%	< 35 or > 45
Pediatric Age - HEART RATE		Awake Heart Rate		Sleeping Heart Rate		
Newborn to 3 months		<85 or > 205		<80 or > 160		
3 months to 2 years		<100 or > 190		<75 or > 160		
2 years to 10 years		<60 or > 140		<60 or > 90		
>10 years		<60 or > 100		<50 or > 90		
Pediatric Age - RESPIRATORY RATE		Respiratory Rate		Pulse Ox		
Infant (less than 1 year of age)		<30 or > 60		<94%		
Toddler		<24 or > 40		<94%		
Preschooler		<22 or > 34		<94%		
School Age		<18 or > 30		<94%		
Pediatric Age - BLOOD PRESSURE		Systolic BP mm/Hg		Capillary Refill Time		
Term neonate (< 28 days)		< 60		> 3 seconds		
Infant (1 month to 12 months)		< 70		> 3 seconds		
Children (1 to 10 years)		< 70 + (Age in years x 2)		> 3 seconds		
Children > 10 years		< 90		> 3 seconds		

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