

HOSPITAL DIVERSION QUICK REFERENCE

FULL DIVERSION

Closed to ALL ambulance traffic

CONDITION-SPECIFIC DIVERSIONS

Regarding the condition-specific diversions below, *the following patients may not be diverted:*

- Hemodynamic instability
- Active labor
- Respiratory distress and unmanageable airway
- Uncontrolled external bleeding
- BLS unit with patient requiring ALS treatment
- CPR in progress
- Patients who request transport to a specific hospital after being fully informed of its diversion status

CONDITION-SPECIFIC DIVERSIONS

ED Saturation

Divert all except these patients:

- STEMI Notification
- Stroke Notification
- Trauma Notification
- Cardiac Arrest with ROSC

CT

Divert these patients:

- Those presenting with acute stroke symptoms
 - Those with a head injury and on anticoagulants or with known bleeding disorders
 - Trauma Notification patients if they have head, neck or spinal trauma
- Note: - A and P patients go to Level II by air (if air not available, consult MGH)
- MOI and Additional Factors patients go to Kaiser

Cath Lab

Divert STEMI Notification patients

Note: Transport by air or ground to the closest facility with an open cath lab

Trauma

Divert Trauma Notification patients

Note: - A and P patients go to time-closest Level I or Level II by air or ground
- MOI and Additional Factors patients go to Kaiser

Neuro

Divert these patients:

- Signs and symptoms of severe head, neck or spinal cord trauma
Note: Transport to Level II (if air not available, consult MGH)
- Signs and symptoms of hemorrhagic CVA or other conditions that may require a neurosurgeon (e.g., interventricular shunt malfunction)
Note: Transport by air or ground to closest facility with an open CT scanner

IF YOU HAVE ANY QUESTIONS, PLEASE CONSULT HOSPITAL!
FOR FULL VERSION, REFER TO AMBULANCE DIVERSION POLICY # 5400