# HOSPITAL DIVERSION QUICK REFERENCE

## FULL DIVERSION
Closed to ALL ambulance traffic

## CONDITION-SPECIFIC DIVERGENES
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 DIVERGENES

### 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 closet facility with an open CT scanner

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*IF YOU HAVE ANY QUESTIONS, PLEASE CONSULT HOSPITAL!*

*FOR FULL VERSION, REFER TO AMBULANCE DIVERSION POLICY # 5400*