PATIENT ASSESSMENT FLOW CHART

Patient Assessment by R.N. or M.D.

Existence of any of the following:
- Acute or suspected stroke or stroke-like symptoms
- Acute uncontrolled hemorrhage
- Suspected acute heart problem or AMI
- Acute onset of difficulty breathing/respiratory distress
- Sudden decrease in consciousness or LOC
- Acute severe hypoglycemia unresponsive to treatment
- Acute intractable pain
- Acute suspected fracture
- R.N. or M.D. judgment determines need for immediate transport

NO

911 Request for Code 2
Ambulance-only response

Read request narrative
(Attachment B)

Request PSAP share any
special equipment/personnel
requirements with responding
ambulance

YES

911 Request for
Code response

Provide on-scene ambulance
personnel with relevant
information/forms (i.e. POLST)