

Z-P1  
DELAYED PATIENT  
OFF-LOADING IN ED



## INDICATIONS:

- Actual or likely “wall time” exceeds 30 or more minutes.

## CONTRAINDICATIONS! should NEVER BE OFFLOADED to an Unsupervised Area:

- Patient is requiring **active treatment of an emergent condition**, such as:
  - Airway management
  - Ventilatory support such as CPAP, BVM or *actively receiving* a nebulizer treatment.
  - CPR or Defibrillation/Electrical Cardioversion
  - Drips or repetitive doses of cardioactive medications (epi, diltiazem, etc.).
- Patient meets criteria for a **time-sensitive condition**:
  - STEMI
  - Stroke
  - Penetrating Trauma to the Head/Trunk
  - OB with Imminent Delivery

**Caution should be used with the following patients.** These cases should generally be discussed with a Supervisor and involve attempted collaboration with the Facility Staff.

- Any **unstable or potentially unstable patient**.
  - The following complaints should be considered *potentially unstable*.
    - Acute chest pain, dyspnea or other anginal-equivalent symptoms that are consistent with a likely acute cardiac cause.
    - Unexplained syncope with ECG changes in patients >35 years old.
    - Acute neurologic symptoms that are concerning for stroke.
    - Severe sudden-onset headache with alteration in LOC (i.e. aneurysm).
    - Overdose of any medication that has cardiac effects (slowing heart rate or lowering blood pressure) or potential sedative effects, regardless of quantity or timing of ingestion.
- Any patient with significantly **abnormal vital signs**:
  - Hypotension (SBP <90 mmHg in adults) at *any time* during evaluation.
  - Any of the following that do not improve with basic comfort/calming measures:
    - Heart Rate >120 or

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- Respiratory Rate >20 or
- Systolic Blood Pressure >220 (with no symptoms of stroke, chest pain or SOB).
- Any patient with *new/increased oxygen demand* (oxygen saturation <94% on room air/home O<sub>2</sub>).
- Any patient not at their baseline mental status (e.g postictal seizure patients).



- **IV's should only be started if IV fluids and/or medications are necessary.**
- **IV's should be avoided in patients who are expected to be offloaded, and should always be removed prior to offloading to the ED lobby.**

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## OFFLOADING DISPOSITION

### #1: IMMEDIATE PLACEMENT in the Lobby:

Must meet **ALL** of the following criteria:

- Greater than 17 years old.
- Patient can walk or sit in a wheelchair unassisted.
- Stable vital signs and no signs of immediate distress or emergent condition.
- Patient has had no significant, emergent/life-saving clinical interventions by EMS.

### #2: Eligible for Offloading AFTER DISCUSSION WITH SUPERVISOR

- All patients who do not meet criteria for “Immediate Placement” or for “Never be Offloaded” (*above*), and
- The patient can sit or be placed in a chair/wheelchair and not fall to the floor. This may include patients who cannot ambulate.

### #3: ALTERNATIVE Offloading -- i.e. patients who cannot be placed in a chair/wheelchair

- Alternative Offloading situations (e.g. onto a vacant stretcher or military litter) may be utilized in extreme situations, and should always be discussed with a Supervisor prior to any action being taken.
- **Patients may also be given the option to be transported to an alternative ED.**

### NOTES:

- **Make EVERY attempt to communicate and collaborate with the ED Staff on disposition of patients before attempting any offload or transfer.**
- Staff have the discretion to place patients in whichever location they wish if done in a timely manner, however, they do not have the right to prevent offloading of EMS patients.
- Staff cannot prevent the EMS crew from taking the patient to another facility if that is the patient’s wish.
- **If there is ANY question, contact your supervisor.**

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## OFFLOAD PROCEDURE

- Appropriately notify the Emergency Department Staff of patient arrival as quickly as possible.
- If the Nursing Staff can not immediately assign a location for the patient to be offloaded, *AND* there is evidence that the wait for placement will likely be **longer than 30 minutes**, then see “Offloading Disposition” (*above*).
  - If the patient(s) meet criteria for “Immediate Placement”, **escort them to the ED lobby.**
    - Attempt to give a report to ED Triage staff or other appropriate hospital personnel.
    - If this is not possible, direct the patient to the appropriate triage/registration area.
    - Notify your EMS Supervisor of lobby placement and return to service.
  - If the patient(s) does not meet these “Immediate Placement” criteria, **contact your EMS Supervisor.** Together the decision will be made to:
    - Place the patient in the lobby, as above. *This should be the primary option for any patient able to sit in a chair unassisted.*
    - Place the patient in an “EMS surge unit” *organized and staffed by hospital personnel.*
    - Offload the patient onto any ED stretcher, a designated auxiliary ambulance stretcher, or utilize a military litter or similar temporary bedding as appropriate and available.
    - Offer the patient the opportunity to be taken back to the ambulance to be transferred to another Emergency Department. *Note: patients may not be taken back home.*
    - Hold the patient on the EMS cot while the Supervisor contacts appropriate ED Nursing Staff/Administration for assistance. *This should never exceed 60 minutes.*
- Once the patient meets all the criteria above, perform the following:
  - Escort/place the patient in the appropriate area.
  - Ensure the patient’s condition is unchanged.
  - **Document all contacts with ED personnel, hospital administrators and all discussion with EMS Supervisors.**
  - Complete an abbreviated, handwritten EMS Offload report (*sample report below*) to

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include patient demographics, complaint, vital signs and pertinent history. Take a photo of this report, attach it to the ePCR and leave the original copy with the patient.

- Make reasonable attempts to ensure the hospital staff is aware of the patient's location, complaint and condition.
- Complete standard ePCR run report, denoting method and location of patient care transfer.
- **Return to service within 60 minutes of arrival at destination.**

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First Responder						
EMT						
AEMT						
Paramedic						

**ED OFFLOADING REPORT - EXAMPLE**

	<h2>EMS Patient Care Summary</h2>	Form Z-RXX
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Date of Service: _____	EMS Unit	County ###
Facility: _____	Time of Arrival (to Facility)	00:00
Patient Name: _____	Time of Patient Offloading	00:00
DOB: _____	Location of Offloading	e.g. Lobby

<h1>M</h1> <p>Mechanism or Medical Complaint</p>	Chief Complaint	Brief History of Event/Illness

<h1>I</h1> <p>Injuries or Illness</p>	Brief Assessment (pertinant findings or injuries)

<h1>S</h1> <p>Signs and Symptoms</p>	Vitals <i>(must be taken at destination prior to offloading)</i>					
	Time	Blood Pressure	Heart Rate	Respirations	LOC	Glucose (PTA)
	00:00	/	bpm	Rate @ O2 Sat.	<input type="checkbox"/> Alert <input type="checkbox"/> Verbal <input type="checkbox"/> Pain <input type="checkbox"/> Unresponsive	

<h1>T</h1> <p>Treatments</p>	EMS Interventions

Contacts			
Position	Last Name	Time	Comments
EMS Supervisor			
Hospital Staff			
other			
other			

Signature (EMS Provider): _____
If there are any questions or concerns please call the EMS Supervisor or EMS Dispatch.

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**QI Review Parameters:**

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