



TITLE

**PROVINCIAL EMERGENCY MEDICAL SERVICES URGENT CARE CENTRE TRANSPORT
CRITERIA**

SCOPE

Provincial Emergency Medical Services

DOCUMENT #

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APPROVAL AUTHORITY

Alberta Health

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SPONSOR

EMS Senior Medical Director

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Not applicable

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NOTE: The first appearance of terms in bold in the body of this document (except titles) are defined terms – please refer to the Definitions section.

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OBJECTIVES

- The purpose of this procedure is to provide practitioners with standardized criteria for appropriately transporting patients to an Urgent Care Centre (UCC).

APPLICABILITY

Compliance with this document is required by all Alberta Health Services employees, members of the medical and midwifery staffs, students, volunteers, and other persons acting on behalf of Alberta Health Services (including contracted service providers as necessary).

ELEMENTS

1. Criteria for Transporting Patients to an Urgent Care Centre

1.1 Practitioners shall:

- a) Provide patient care by assessing the patient and initiate the necessary treatments in accordance with the appropriate Medical Control Protocol.

1.2 Practitioners shall consider transporting patients to an UCC when all the following criteria are met:

- a) Pediatric patients 2 years and older presenting with a simple musculoskeletal or soft tissue injury (e.g. fractures, dislocation and lacerations) or a noncomplex medical concern (e.g. sore throats, otitis media, mild asthmatics)
- b) Chief complaint is identifiable and the patients history is known

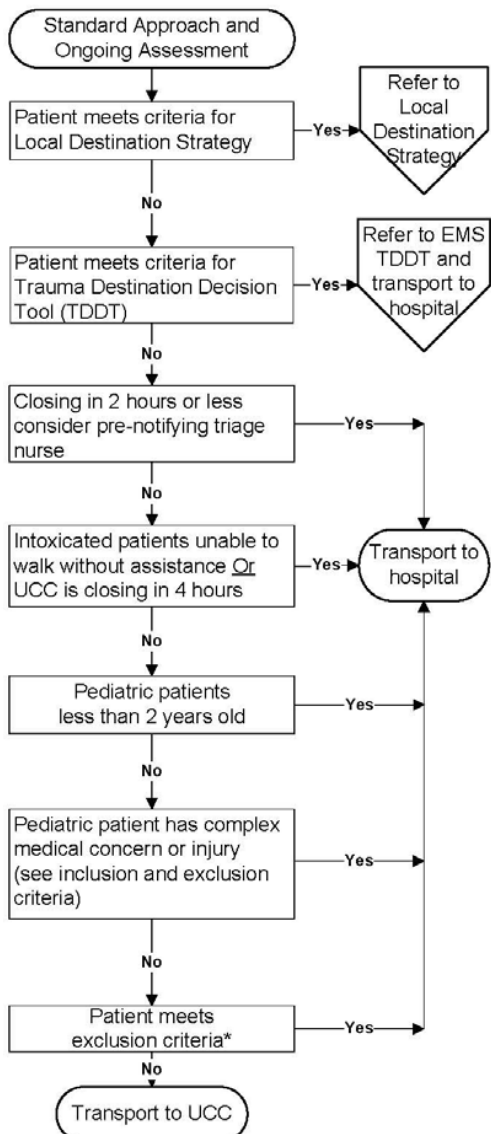
- c) Mechanism of injury is known
 - d) Patient is cooperative and non-aggressive
- 1.3 If unsure whether transporting a patient to an UCC would be appropriate or when an UCC facility is closing within 2 hours, consider pre-notifying triage to discuss possible transport.
- 1.4 Practitioners shall not transport patients to an UCC when:
- a) Patient meets local destination strategy criteria directing transport to a specific tertiary hospital
 - b) Patients are pediatric less than 2 years of age
 - c) Pediatric patients with multi-system trauma or complex medical concerns are to be transported to the appropriate tertiary hospital
 - d) Patient meets Trauma Destination Decision Tool Criteria (anatomic, physiological or other criteria)
 - e) Patients are intoxicated:
 - (i) and the UCC facility is closing within 4 hours
 - (ii) and are unable to walk without assistance
 - f) Patient meets any of the following conditions:
 - (i) Cardiovascular:
 - Suspected Congestive Heart Failure
 - Suspected Acute Coronary Syndrome
 - (ii) Chief Complaint:
 - Chief complaint difficult to identify
 - Recent hospital admission AND chief complaint is related to source of the admission, including post-surgical procedure within 72 hours. Transport patient back to hospital they were discharged from.
 - (iii) Gastrointestinal/Genitourinary:
 - Abdominal Pain - with history or symptoms of abdominal trauma, esophageal obstruction, gastrointestinal bleeding

- When maximum dosage of pain and symptom control medication has been administered and it has not managed the pain. Maximum doses are identified in EMS Medical Control Protocols
 - If dialysis is the chief complaint
 - A dialysis patient with a major organ complaint
 - Suspected diabetic ketoacidosis
- (iv) Neurological:
- Sudden onset syncope without clear prodromal symptoms. However, patients with syncope related symptoms such as; light headedness, tunnel vision like effect, nausea, pallor skin and diaphoresis maybe transported to a UCC
 - Headache – sudden onset or worst headache of life with or without neurological deficits
 - Suspected stroke and or transient ischemia attack
 - Seizures – first episode or any pediatric patient
- (v) Obstetrics and Gynecology:
- Pregnancy greater than 12 weeks gestation with abdominal pain. However, if the abdominal pain is associated with hyperemesis gravidarum or urinary tract infections the patient can be transported to a UCC
 - Heavy vaginal bleeding (pregnant or not)
 - Suspected ectopic pregnancy
 - Post-partum patients less than 1 month if the chief complaint is related to post-partum concern
- (vi) Other Exclusions:
- Patients with complex complications related to cancer or cancer treatment
 - Non-ambulatory bariatric patients (greater than 150 kg)
 - Uncontrolled epistaxis
 - Epistaxis and on blood thinners

- Hereditary angioedema (HAE)
- (vii) Psychiatric:
- Uncooperative and/or aggressive
 - Suicidal or homicidal ideation
 - Patient requiring security staff monitoring
- (viii) Respiratory:
- Anaphylaxis that does not improve with EMS medical treatment
 - Asthma refractory to EMS medical treatment
 - Chronic Obstructed Pulmonary Disease (COPD) refractory to EMS medical treatment
 - Potential airway compromise due to burns, strangulation or submersion, or foreign body obstruction
 - Shortness of breath with unknown etiology
 - Patients with chronic ventilators
- (ix) Trauma:
- Spinal motion restriction patients
 - Complicated orthopedic injuries that may require surgery
 - Suspected fractures of hip, pelvis, femur and are unable to ambulate
 - Currently on blood thinners or known bleeding disorder
 - Over 65 years of age with a head injury
 - Major head injury that may require advanced diagnostic imaging (CT scan) according to the Canadian CT head rules if they present with one or more of the following:
 - GCS less than 13 two hours after injury
 - Skull fracture suspicion or signs
 - Vomiting more than two times
 - Amnesia greater than 30 minutes

EMS Urgent Care Centre Transport Criteria

If unsure whether transporting a patient to an UCC would be appropriate or when an UCC facility is closing within 2 hours, consider pre-notifying triage to discuss possible transport



- Sheldon M. Chumir-24 hours
- South Calgary 0800hrs-2200hrs
- Okotoks Health and Wellness Centre 0800hrs-2200hrs
- Airdrie Health Centre 0800hrs-2200hrs
- Cochrane Community Health Centre 800hrs-2200hrs
- East Edmonton Health Centre Monday to Friday 1700hrs-2230hrs Saturday, Sunday Statutory holidays 1500hrs-2230hrs

***UCC EXCLUSIONS**

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- Suspected Congestive Heart Failure
 - Suspected Acute Coronary Syndrome
- Chief Complaint:**
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Version 2.1

DEFINITIONS

None

REFERENCES

- Appendix A: *Provincial Urgent Care Centres*

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APPENDIX A

Provincial Urgent Care Centres

Current Provincial Urgent Care Centres are:

Site	Location	Vehicle District	Hours
Sheldon M. Chumir	Calgary	Calgary - Metro	24 hours
South Calgary	Calgary	Calgary - Metro	0800hrs – 2200hrs
Okotoks Health and Wellness Centre	Okotoks	Calgary - Suburban Rural	0800hrs – 2200hrs
Airdrie Health Centre	Airdrie	Calgary - Suburban Rural	0800hrs – 2200hrs
Cochrane Community Health Centre	Cochrane	Calgary - Suburban Rural	0800hrs – 2200hrs
East Edmonton Health Centre	Edmonton	Edmonton - Metro	Monday to Friday • 1700hrs – 2230hrs Saturday, Sunday Statutory holidays • 1500hrs – 2300hrs