



## Rogers Fire Department Standard Operating Procedures

<b>Policy Title:</b>	Medical Alerts	<b>Volume:</b>	Administration
<b>Policy Number:</b>	128	<b>Last Updated:</b>	May 2021
<b>Approved By:</b>	Tom Jenkins	<b>CAAS Reference:</b>	N/A
<b>CFAI Reference:</b>	N/A		
<b>Revision Summary:</b>	Created – December 2009 Formatted – May 2012 Updated – July 2016 Stroke Alerts Updated – January 2019 Sepsis Alerts, Trauma Alert rev. Updated – May 2021 ATCC		

### PURPOSE

The purpose of this policy is to provide guidelines for the transmission of trauma and medical alerts to receiving hospital facilities.

### POLICY

To provide comprehensive patient care, it is sometimes necessary to alert hospital facilities as to the critical nature of patients. Formally, four types of alerts shall be used by paramedic personnel of the Rogers Fire Department. Once a destination is chosen the appropriate alert should be transmitted to the receiving facility.

**Trauma Alert** – This type of alert should be announced to the receiving hospital in cases where traumatic injuries meet the criteria established in the NWA Destination Protocol. Trauma alerts should be communicated with a determinate of Major or Moderate based on the mechanism of injury or primary assessment findings. Notification to the receiving hospital should serve as an initiating event to activate an appropriate trauma team. All Major and Moderate traumas, as determined by the NWA Destination Protocol, shall be communicated to the Arkansas Trauma Communications Center (ATCC) prior to transport.

**STEMI Alert** – This type of alert should be announced to the receiving hospital in cases where there is ST segment elevation in a 12-lead EKG, along with signs and symptoms of a heart attack that lead the paramedic to believe a major coronary event is taking place. The 12-lead EKG showing the event should also be transmitted to the receiving facility. Notification to the hospitals should serve as an initiating event to alert the catheterization laboratory (“Cath Lab”).

**Stroke Alert** – This type of alert should be announced to the receiving hospital as soon as signs and symptoms of a CVA are recognized by the care provider.

Alerting the hospital should serve as an initiation of processes to expedite intracranial imaging.

**Sepsis Alert** - This type of alert should be announced to the receiving facility when the lead paramedic suspects the patient is suffering from sepsis based on the criteria established in the NWA Regional Sepsis protocol. Notification to the receiving hospital should expedite the continuity of care during this life threatening condition.