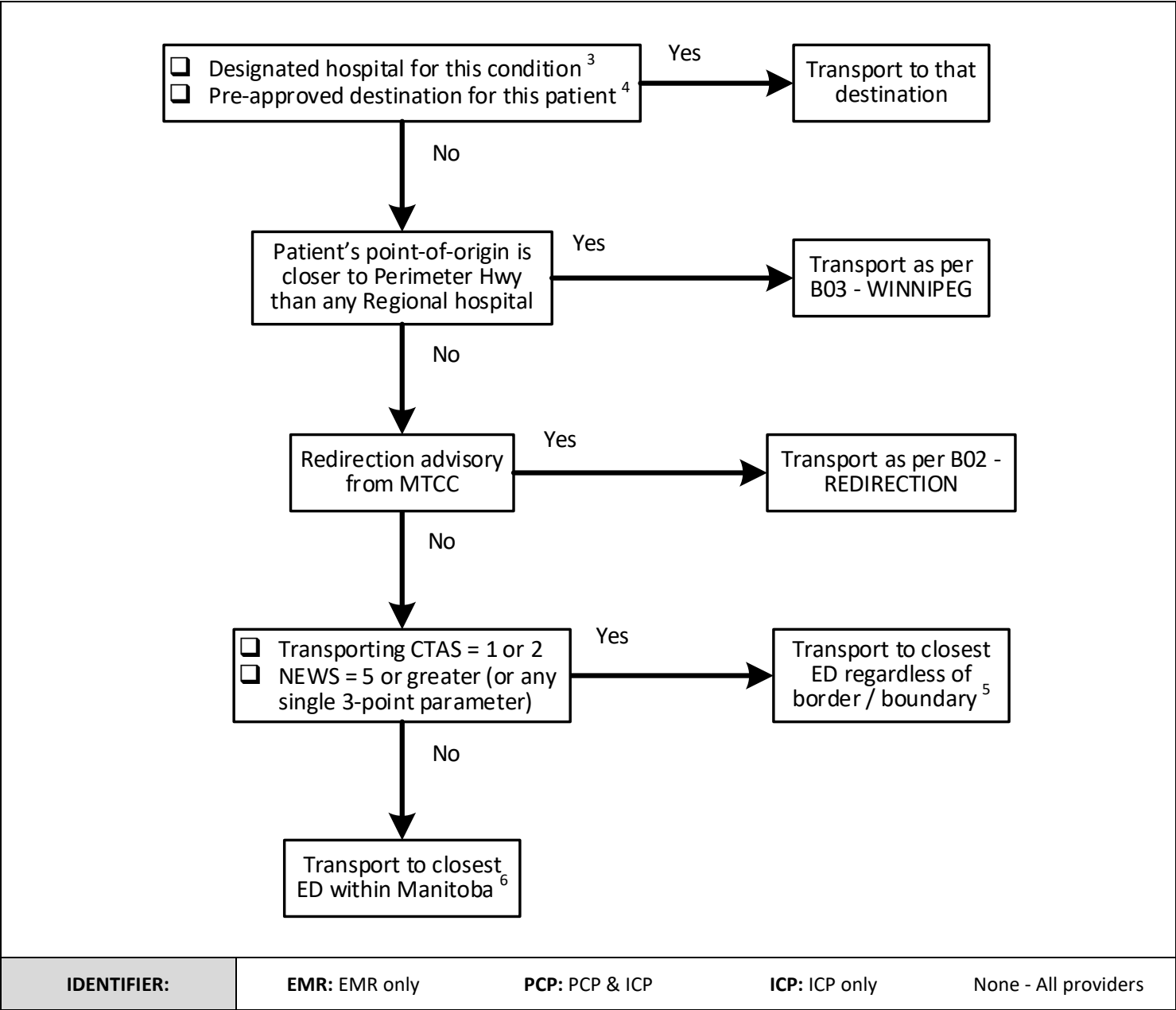
 Shared health Soins communs Manitoba	B01 - STANDARD DESTINATION	
	All ages	DESTINATION
Version date: 2024-01-16		Effective Date: 2024-02-13 (0700)



INDICATIONS

- All primary response calls

CONTRAINDICATIONS

- Not applicable

NOTES

1. An emergency department (ED) is considered to be “closest” if it has the shortest estimated transport *time* from the patient’s current location. Estimated transport time must be based on safe vehicular speed. Non-clinical issues affecting patient, provider, and public safety such as road and weather conditions will be at the discretion of the vehicle operator.

When two destinations have similar transport times, the closest is that which has the shortest estimated transport *distance* from the patient’s current location.

When two destinations have similar transport times and distances, paramedics should consider transport to the ED in the direction of the most likely referral center, in the event that an interfacility transfer (IFT) may subsequently be required.

Medical Transportation Coordination Centre (MTCC) personnel can advise paramedics regarding the location and status of the closest ED.
2. Except as noted in below, patients or their proxies cannot request transport to a particular destination out of convenience or preference.
3. A facility may be the *designated hospital* for the management of a specific condition (table A). A patient with a chief complaint related to that condition cannot be redirected.
4. As some conditions that require special equipment or expertise, a patient’s physician may request transport to a specific destination. This must be done in advance and requires approval by ERS, who will provide paramedics with notification or documentation for transport to that *pre-approved destination*. In the absence of such documentation paramedics will should consult on-line medical support (OLMS) or transport to the closest ED.
5. Patients with a transporting Canadian Triage Acuity Scale (CTAS) level of 1 or 2 (appendix A), or a cumulative National Early Warning Score (NEWS-2) of 5 or greater, or a score of 3 for any single NEWS-2 parameter (appendix B) will be taken to the closest ED regardless of the Provincial border or Health Region boundary for urgent / emergent medical assessment.
6. Patients with a transporting CTAS level of 3 to 5 and a NEWS-2 score of 4 or less and no single 3-point score will be transported to the closest ED within Manitoba.
7. Paramedics will ensure appropriate pre-arrival notification of receiving facility staff and update as necessary.



TABLE A: CARE MAPS WITH SPECIFIC DESTINATIONS & DESTINATIONS FOR PRIMARY RESPONSE

Trauma in IERHA or SHSS geographic areas	B04.1 - TRAUMA DESTINATION (IERHA & SHSS)
Trauma in PMH geographic area	B04.2 - TRAUMA DESTINATION (PMH)
Trauma in NRHA area	B04.3 - TRAUMA DESTINATION (NRHA)
Palliative Care Admission	B05 - TRANSPORT FOR DIRECT ADMISSION TO PALLIATIVE CARE
Cardiac arrest	C01 / C02 - BASIC & ADVANCED CARDIAC ARREST
Traumatic Cardiac Arrest	F02.1 / F02.2 - BASIC & ADVANCED TRAUMA CARDIAC ARREST
Left ventricular assist Device (LVAD)	C08AB - LVAD
ST elevation myocardial infarction (STEMI)	E04A - ACS & STEMI
Acute stroke	E15A - ACUTE STROKE

LINKS

A08 - WHO CAN GIVE ORDERS (STANDING ORDERS & DELEGATIONS)
 B02 - REDIRECTION ADVISORY
 B03 - DESTINATION WHEN THE CLOSEST ED IS IN WINNIPEG

APPROVED BY

	
EMS Medical Director	EMS Associate Medical Director

VERSION CHANGES (refer to X02 for change tracking)

- Simplified flow chart & revised notes
- CTAS scoring and NEWS-2 implemented
- Identifier legend at bottom of flow chart replaces work scope statement in header

APPENDIX A: CANADIAN TRIAGE & ACUITY SCORE (CTAS)

Prehospital CTAS Level	Maximum Time to MD Assessment	Target (% of all patients)
1	Immediate	98
2	15 minutes	95
3	30 minutes	90
4	1 hour	85
5	2 hours	80

APPENDIX B: NATIONAL EARLY WARNING SCORE (NEWS2)

Physiological parameter	3	2	1	Score 0	1	2	3
Respiration rate (per minute)	≤8		9–11	12–20		21–24	≥25
SpO ₂ Scale 1 (%)	≤91	92–93	94–95	≥96			
SpO ₂ Scale 2 (%)	≤83	84–85	86–87	88–92 ≥93 on air	93–94 on oxygen	95–96 on oxygen	≥97 on oxygen
Air or oxygen?		Oxygen		Air			
Systolic blood pressure (mmHg)	≤90	91–100	101–110	111–219			≥220
Pulse (per minute)	≤40		41–50	51–90	91–110	111–130	≥131
Consciousness				Alert			CVPU
Temperature (°C)	≤35.0		35.1–36.0	36.1–38.0	38.1–39.0	≥39.1	

1. SPO2 SCALE 2: For patients with hypercapnic respiratory failure, most commonly due to COPD) scale represents the ideal SpO₂ of 88 to 92% for patients receiving supplemental oxygen. Paramedics should use scale 2 for all patients on home oxygen therapy.
2. CVPU: New onset of confusion, responsiveness to voice or pain, or unresponsiveness.