## **APPENDIX 3**

**Transport Score Level** ERS Version: November 2024 Level Acuity Goal<sup>1</sup> Examples 1 EMERGENT immediate threats to life, limb, or vision Trauma: TTA Level 1 or 2, acute multisystem trauma or imminent risk of deterioration CVS emergency requiring PCI < 4 hours or requiring immediate interventions beyond the capabilities of the sending facility Neurosurgical emergency requiring surgical intervention or requiring immediate intervention at the receiving site Vascular emergency requiring surgical intervention Obstetrics: high risk labour (breach, abruption, cord prolapse etc.), pre-term labour <37 weeks in a facility without resources to manage the neonate Pediatric: shock states (sepsis, congenital heart disease, myocarditis, MISC), vasopressor support: severe respiratory distress or respiratory failure (severe croup, severe bronchiolitis, foreign body aspiration, impending loss of airway or impending respiratory failure), ventilatory support; ongoing seizures, severe DKA with signs of increased ICP, meningitis 2 EMERGENT potential threat to life, limb, or vision requiring rapid medical interventions intubated patient in a setting without a ventilator or acute illness or injury with potential for deterioration ACS or NON-STEMI with ongoing chest pain < 6 hours Pediatric: close monitoring required (respiratory, circulatory, neurologic) but not imminently needing or need prompt treatment to stabilise developing problems and treat severe conditions ICU supports (e.g. DKA mild-mod, treated seizure in post-ictal state with depressed level of or stable conditions that overwhelm a local hospital or nursing station's ability to care for them consciousness but protecting airway; bronchiolitis mild-moderate that may require ventilatory support 3 URGENT could potentially progress to a serious problem requiring emergency intervention stable NON-STEMI without chest pain going for PCI or stable, but diagnosis or presenting problem suggests a potentially more serious process ventilated patient in community hospital requiring tertiary level care < 12 hours stable SOB patient going to rule out pulmonary embolism from rural hospital or undifferentiated without a precise diagnosis and are stable currently, but there is a concern for possible deterioration beyond the capabilities of the sending facility moderate dehydration requiring IV fluid or decreased urine output over last 24 hours repatriation of patients currently holding a ICU bed that require return to open the bed for future acutely ill patient Pediatric: known high-risk congenital disease who may be stable but there is potential to decompensate acute conditions treated appropriately and stabilized at sending facility going for a consultation **4 NON-URGENT** scheduled appointments at a higher level of care or potential seriousness based on the presenting problem or diagnosis is not acute stable abdominal pain going for assessment (with low risk of surgical cause) < 24 hours or need for potential acute intervention is minimal closed fractures requiring orthopedic assessment (with no risk of delay in possible surgical reduction) or patients for whom a transfer was pending a bed, and that bed is now available, but the transfer is not of a clinical time-sensitive nature **5 NON-URGENT** non-urgent, next day booked transfers next day non-urgent repatriation of patients who are not holding a tertiary care ICU bed or conditions that may be acute but non-urgent < 48 hours or conditions which may be part of a chronic problem or investigation or interventions for these illnesses or injuries do not pose any immediate risk

Goal for best effort time from first contact with VECTRS to arrival at receiving site is: