



June 3, 2009

OFFICE OF THE MEDICAL DIRECTOR
NOEL WAGNER, MD
1000 Houghton Ave
Saginaw, MI 48602
(989) 583-7940
Fax (989) 583-7941
www.SaginawValleyEMS.org

MEMORANDUM #2009-5

FROM: Saginaw Valley Medical Control Authority
Office of the Medical Director

SUBJECT: Patient Prioritization

There has been recent discussion on the prioritization of patients. Please see the "Patient Prioritization" guideline. Several factors come into this decision process.

1. The dispatch prioritization has absolutely no correlation on the patient's clinical prioritization. A priority 1 dispatch may ultimately be a Priority 1, 2 or 3 depending on the patient's condition. The final clinical prioritization is *completely independent* of the dispatch priority.
2. Patient priorities are clearly defined in the guideline. It is expected that the crew on scene is able to properly prioritize conditions that do not fit into the listed categories. Chest pain, dyspnea, abdominal pain, vital signs and altered LOC are specifically addressed and account for the majority of priority 1 and 2 patients.
3. The prioritization decision may be made by the crew on scene, either EMT or Paramedic. An EMT may decide that the patient falls within their scope of practice and elect to transport the patient. A Paramedic may decide the priority level of a patient and arrange transport accordingly. Both of these situations represent application of the guideline (which is a standing order).
4. A physician only needs to be contacted when it is unclear as to the correct prioritization or when a different priority is desired. Since clinical priorities are established in the guidelines and represent standing orders, you need a physician order to deviate from that prioritization scheme. This is expected to be a *rare* event. Generally speaking, if there is indecision then go one level higher.
5. Our office will never scrutinize upgrading a patient's priority if it is done in the patient's best interest.
6. If a Paramedic *inappropriately* downgrades a patient, especially if it results in the paramedic driving or the patient being transported in a BLS ambulance, it will be **investigated as a major guideline violation**.