

# Hospitals may declare Selective Bypass – e.g., CT scanners are down

## B1 Hospital Resource Limitation/Bypass (Eff 10-10-19) – page 3

### **E. IDPH and Region IX-approved criteria for declaring selective bypass**

1. After implementation of the local EMS System's Hospital Peak Census Policy (hospital experiencing near capacity census with limited access to beds, equipment, and/or support resources impacting patient care) and the hospital's surge capacity plan has been implemented (including use of overflow spaces) and after consultation with appropriate hospital administration, **the determination has been made that critical limitations have caused a need for EMS to Bypass the hospital for certain types of patients.** ...Hospital diversion should be based on a significant resource limitation and may be categorized as a Systems of Care patient (STEMI, Stroke, and Trauma) or other EMS transports. **The decision to go on Bypass (or resource limitation) status should be based upon meeting the following criteria, and compliance with ongoing monitoring.**

**Lack of an essential resource for a given type of class of patient (i.e. stroke, STEMI, etc.) Peak census plan has been implemented.**

- a. There are no available monitored beds within traditional pt care and surge pt care areas with appropriate monitoring for pt needs;
- b. Unavailability of credentialed/trained staff appropriate for patient needs per hospital policy; and/or
- c. **Unavailability of essential diagnostic and/or interventional equipment or facilities essential for patient needs.**

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**If a hospital has declared selective bypass due to CT scanners down – DO NOT transport patients with the following to their location:**

#### **Indications for HEAD CT:**

- Acute head injury; suspected intracranial hematoma (epidural, subdural)
- Suspected stroke, TIA, subarachnoid hemorrhage
- Severe headaches; unexplained change in mental status; seizure

#### **Indications for SPINE CT:**

Acute spine trauma (injury within previous 48 hours) where there is a higher than average likelihood of fracture or dislocation, bulging or herniated disc, or mechanical instability of the spine that requires spine motion restriction. Pt may c/o midline spine pain, have visible injury, or findings of neuro loss or deficit.

#### **Indications for CHEST CT**

- Chest trauma with possible pneumothorax, hemothorax, rib fractures and flail segments, pulmonary contusion, disruption to the thoracic aorta, diaphragmatic rupture
- Hemoptysis (bloody sputum)
- Possible pulmonary embolism; acute RV strain
- Possible pleural abnormalities (empyema or local effusion)

#### **Indications for ABDOMINAL/PELVIC CT**

- Acute abdominal/pelvic trauma
- Evaluation of acute abdominal or pelvic pain
- Infections such as appendicitis, pyelonephritis, or infected fluid collections (abscesses)
- Inflammatory bowel disease (ulcerative colitis, Crohn's disease), pancreatitis, liver cirrhosis
- Kidney and bladder trauma or stones
- Possible Abdominal Aortic Aneurysm (AAA)