

Determination of the patient's status should be based on the highest level of acuity during patient care.

### **Status I Critical**

Patients with symptoms of a life-threatening illness or injury with a high probability of mortality (death) if immediate intervention is not begun to prevent further airway, respiratory, hemodynamic, and/or neurologic instability.

For Example:

- Cardiac arrest.
- Respiratory arrest.
- Patient unresponsive with abnormal vital signs.
- Severe and/or deteriorating respiratory condition.
- Pediatric non-responsive respiratory distress
- Decompensating Shock or Sepsis.
- Major trauma
- Uncontrolled bleeding.
- Status epilepticus.

### **Status II Emergent**

Patients with symptoms of an illness or injury that may progress in severity or result in complications with a high probability for morbidity (increased illness or disability) if treatment is not begun quickly.

For Example:

- Moderate injury without shock or respiratory compromise.
- Major fractures without shock.
- Moderate dyspnea.
- Acute MI (STEMI Alerts/activation of cath lab if applicable).
- Stroke (Stroke Alerts/activation of stroke team if available).

### **Status III Lower Acuity**

Patients with symptoms of an illness or injury that have a low probability of progression to more serious disease or development of complication.

For Example:

- Patient alert, vital signs within normal limits, and with simple uncomplicated injuries or medical complaints.
- Soft tissue injuries including minor burns.
- Isolated extremity fractures and dislocations.
- Maxillofacial injuries without airway compromise.
- Asthma attack that has responded to bronchodilators.
- Status: post seizure.
- Psychological emergencies.

### **Status IV Non-Acute**

EMS evaluation with no interventions provided

For Example:

- Scheduled medical transport, e.g., dialysis or return home
- Public assists
- Medical alarm with false activation
- Good intent calls

### **Notes of Clarification**

- Should a patient deteriorate in status while en route to a hospital, the unit may divert to the nearest hospital after consultation with **Medical Control** and notification of both the hospital of original destination and the new destination hospital.

