

**Note: This is a PILOT program specifically for units transporting to HCA FL. Kendall Hospital as their primary and closest facility.**

Patients with surgical emergencies experience higher complication and mortality rates than those without. Emergency Surgical Treatment and Triage (ESTAT) has been developed to expedite patients with high-risk emergency conditions to receive optimal care and/or surgical intervention. Unlike trauma patients, who have the benefit of being identified as such and whose care is expedited by way of a comprehensive system, non-trauma surgical patients may fester with deteriorating physiology and consume their reserves before they are even identified as having a surgical emergency. Therefore, early recognition is key.

## **A. Emergency Surgical Treatment and Triage (ESTAT) Alert**

An ESTAT Alert notification will activate the appropriate clinical management team to expedite timely diagnostic workup and clinical management to include up to immediate surgery.

The most critical element is recognition and assessment with accurate documentation of the onset of symptoms. Once established, begin appropriate field treatment and rapid transport to the appropriate ESTAT receiving facility.

### **General Care**

#### **EMR/BLS**

#### **1. Initial Assessment/Care Protocol 1.**

- a. Respiratory rate and ETCO<sub>2</sub>
- b. Heart rate and B/P.
- c. Temperature

2. As a preliminary assessment, any patient with an SBP less than or equal to 90 mmHg prior to treatments and having any of the following complaints/symptoms/history will be transported to the closest ESTAT facility:

- a. Bleeding from an AV fistula/graft
- b. History of Chest or Abdominal Aneurysm
- c. History of surgery or cosmetic procedure of the chest, abdomen or buttocks within 14 days (e.g. Brazilian Butt Lift (BBL), breast augmentation/lift, tummy tuck and/or Liposuction.)
- d. Post-operative abdominal wound with evisceration
- e. Sudden onset of abdominal pain or distention

- f. Bloody vomit or rectal bleeding
  - g. Pulsatile abdominal mass
  - h. Sudden onset of severe back pain
  - i. Pregnant female with sudden onset of severe vaginal bleeding (not just “spotting”)
  - j. New onset of cold limb and one of the following:
    1. Pallor
    2. Mottling
    3. Loss of limb sensation
  3. Establish as accurately as possible when symptoms first occurred. Use family members and establish time markers as to when patient was last seen without symptoms.
  4. Request that the person who last saw patient without symptoms accompanies the patient and/or provide a contact number.
  5. Attempt to determine the amount of blood loss.
  6. Proper Documentation will be obtained with the following information:
    - a. Surgical Procedure/s that were performed
    - b. Surgeon who performed procedure.
    - c. Location and/or name where procedure was performed.
  7. An ESTAT alert must be communicated to the receiving facility prior to arrival
- Note: HCA FL Kendall Regional must be the closest facility for the ESTAT pilot program.**
8. Hypotension (systolic B/P  $\leq$  90 mmHg) is a mandatory ALS Rescue transport.
  9. Keep the patient supine.
  10. Maintain body temperature by covering patient with blankets or a thermal Mylar blanket, when available and consider turning off A/C unit in the patient compartment during transport for patients who are not febrile.



11. Establish at least one large-bore IV

**a. Do not delay transport to obtain intravenous access.**

**b. If vascular access is not obtainable via IV, consider IO access.**

c. Normal Saline fluid administration should be based on physiologic signs rather than routine IV fluid administration.

1. Administer a fluid bolus up to 500mL. Monitor B/P and lung sounds often.

2. If hemorrhagic shock is suspected and symptoms originated within 3 hours consider the administration of Tranexamic Acid (TXA) 1 gm over 10 minutes by IV infusion as soon as possible.

12. The ESTAT receiving facility must be notified that 1 gm of TXA has been administered.

13. Provide cardiac monitoring for dysrhythmias due to complications from hypovolemia, septicemia or electrolyte imbalance. Identify and treat the underlying cause according to the appropriate protocol.



MIAMI – DADE FIRE RESCUE

# ESTAT



## EMERGENCY SURGICAL TREATMENT AND TRIAGE

### ESTAT Pre-Alert Field Activation Criteria for EMS Providers

Is met when a (n) systolic blood pressure of less than or equal to 90 millimeters of mercury has been measured in conjunction with one of the following

**SBP  $\leq$  90 mmHg and one of the following:**

- Bleeding from an AV fistula/graft
- History of Chest or Abdominal Aneurysm
- History of Surgery or cosmetic procedure of the chest, abdomen or buttocks within 14 days (e.g. Brazilian Butt Lift / BBL, breast augmentation/lift, tummy tuck and/or Liposuction)
- Post-operative abdominal wound with evisceration
- Sudden onset of abdominal pain or distention
- Bloody vomit or rectal bleeding
- Pulsatile abdominal mass
- Sudden onset of severe back pain
- Pregnant female with sudden onset of severe vaginal bleeding (not just "spotting")
- New onset of cold limb and one of the following: (Pallor, Mottling, Loss of Limb sensation)