

STRAC PRIORITY 1 2 3 CRITERIA

Priority 1 – Critical

PATIENT HAS AN ACUTELY LIFE-THREATENING ILLNESS OR INJURY AND IS UNSTABLE

EXAMPLES:

- Trauma Alert meeting STRAC Red criteria
- Cardiac Arrest
- Heart Alert
- Hypertensive Emergency BP > 220/120 with one or more of the following:
 - Altered Mentation
 - Neurologic deficits (new)
 - Chest Pain
- Respiratory distress with one or more of the following:
 - O2 sats < 90% despite oxygen
 - RR >30 (RR>40 for pediatric pts)
- Other unstable vital signs, defined as:
 - Systolic BP < 80
 - Heart rate > 150 or < 40
- Paramedic intuition
- Acute threat to maternal / fetal viability
- Anaphylaxis unresponsive to EMS treatments
- Toxic Ingestion / Potentially life threatening < 1 hour

Priority 2 – Urgent

PATIENT IS CURRENTLY STABLE, BUT IS FELT TO HAVE A CONDITION THAT MAY BECOME UNSTABLE OR LIFE-THREATENING IF NOT EVALUATED AND TREATED RAPIDLY

EXAMPLES:

- Trauma Alert meeting 2 Blue criteria (or paramedic intuition)
- Hemodynamically stable chest pain without signs of STEMI
- Stroke with symptom onset > 8 hours
- Altered mental status – not acutely deteriorating
- Seizure – post-ictal, not actively seizing
- Hemodynamically stable abdominal pain

Priority 3 – Non-urgent

PATIENT DOES NEED TO RECEIVE MEDICAL EVALUATION, BUT DOES NOT HAVE A POTENTIALLY LIFE-THREATENING ILLNESS OR INJURY AT THE TIME OF TRANSPORT

EXAMPLES:

- Chronic pain exacerbation
- Minor sprains
- Medication refills
- Minor lacerations