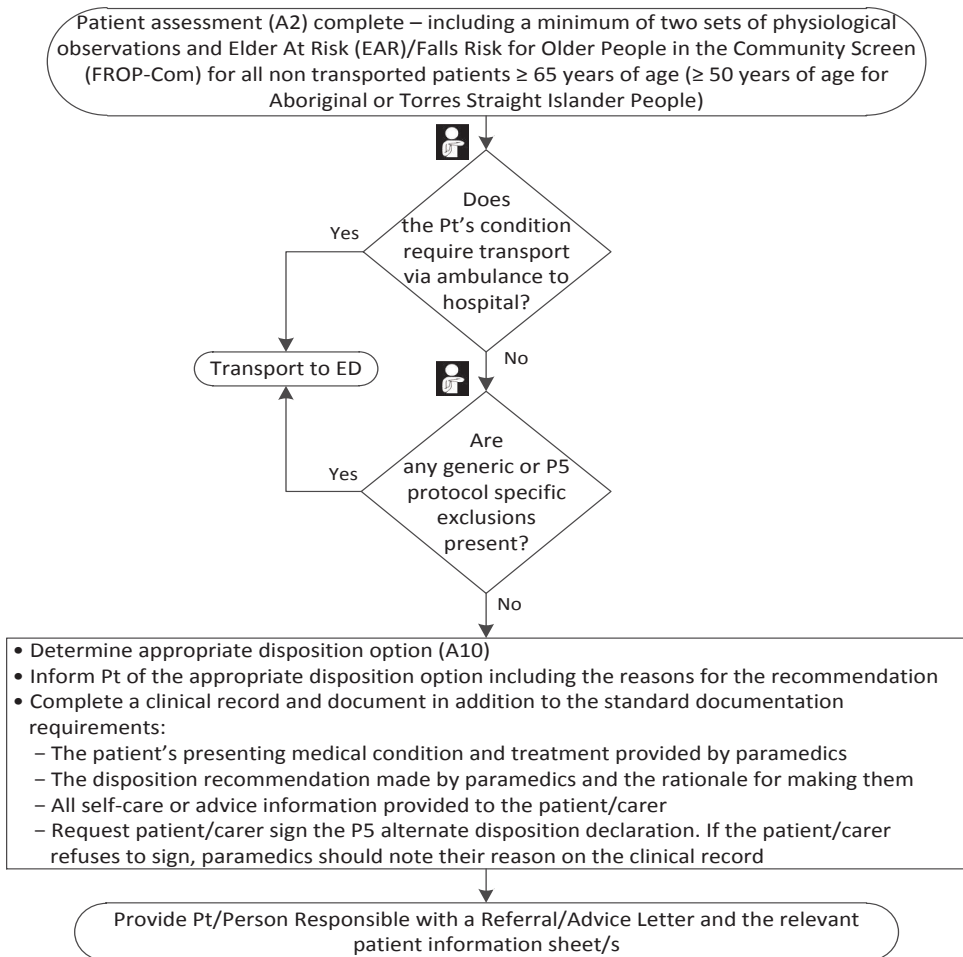


Paramedics must, in consultation with the patient and/or person responsible (where appropriate), make recommendations on the disposition options available for the patient’s condition where transport to hospital via ambulance is not required.

Paramedics may recommend alternate disposition pathways to patients at the completion of a thorough assessment, which includes a minimum of two sets of physiological observations, as per protocol A10.

Protocol P5 should be used in cases where alternate disposition options are available and the patient does not require transport to hospital via ambulance or have any P5 Generic or P5 Protocol Specific Exclusion Criteria.

Procedure:



Generic Protocol Exclusions:



- Medical practitioner requests for transport to ED via ambulance
- Any concerning history or paramedic concern for patient
- Any red observations for adults (Reference R28) or yellow observations not adequately reconciled
- Major Trauma (Protocol T1 criteria)
- Patients who have been administered adrenaline (N.B. these patients should not be walked and require a period of observation in the ED)
- Recent surgical procedure and/or hospital admission relating to the presenting condition and/or where hospital intervention is required
- Patients with any significant signs/symptoms unresponsive to treatment
- Patient does not demonstrate competency and capacity (including acute confusion) in the absence of a person responsible
- Chest pain or clinical suspicion of ACS
- Acute abdominal pain (excluding uncomplicated Gastroenteritis (Protocol M20))
- Suspicion of Stroke/TIA and/or sudden onset of unexplained severe headache
- History of syncope
- Patients suspected to be under the influence of alcohol/drugs and/or medication which alters haemostasis and with signs of trauma (e.g. swelling/bruising to face post assault/fall)
- Patients with multiple co-morbidities, not adequately reconciled, which are likely to complicate treatment for their presenting condition (e.g. COPD, unstable diabetes)

Generic Paediatric Specific Protocol Exclusions (In addition to Generic Protocol Exclusions):

- Patients ≤ 3 months of age
- < 16 years of age with no adult supervision or unable to contact parent/carer to discuss treatment/disposition options
- Parental concern for the patient
- Any paediatric (Reference R18) observations outside of the ranges listed

Protocols with P5 Protocol Specific Exclusions:

- | | |
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| <ul style="list-style-type: none"> ■ Medical/Surgical • M1 – Abdominal Pain • M4 – Asthma • M6 – Nausea & Vomiting • M7 – Croup • M8 – Dehydration • M9 – Seizures • M15 – Autonomic Dysreflexia • M17 – Epistaxis • M18 – Dental Problems • M20 – Gastroenteritis • M21 – Hypoglycaemia • M27 – Headache • M30 – Foreign Body Ingestion ■ Trauma • T4 – Head Injuries • T7 – Limb Injuries & Fractures • T14 – Electric Shock • T18 – Wound Care • T19 – Falls in the Elderly • T25 – Inhalation Injuries | <ul style="list-style-type: none"> ■ Environment/Envenomation • E6 – Bites, Stings & Envenomation ■ Specialised Care • S11 – Incapacitating Agents • SE1 – Elder at Risk ■ Toxicology • DT2 - Alcohol |
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