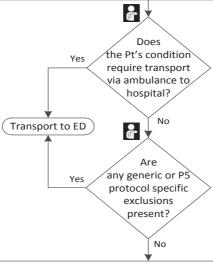
Paramedics must, in consultation with the patient and/or person responsible (where appropriate), make recommendations on the disposition options available for the patient's condition where transport to hospital via ambulance is not required.

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:

Patient assessment (A2) complete – including a minimum of two sets of physiological observations and Elder At Risk (EAR)/Falls Risk for Older People in the Community Screen (FROP-Com) for all non transported patients ≥ 65 years of age (≥ 50 years of age for Aboriginal or Torres Straight Islander People)



- Determine appropriate disposition option (A10)
- Inform Pt of the appropriate disposition option including the reasons for the recommendation
- Complete a clinical record and document in addition to the standard documentation requirements:
 - The patient's presenting medical condition and treatment provided by paramedics
 - The disposition recommendation made by paramedics and the rationale for making them
 - All self-care or advice information provided to the patient/carer
 - Request patient/carer sign the P5 alternate disposition declaration. If the patient/carer refuses to sign, paramedics should note their reason on the clinical record

Provide Pt/Person Responsible with a Referral/Advice Letter and the relevant patient information sheet/s

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:

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

Environment/Envenomation

• E6 - Bites, Stings & Envenomation

Specialised Care

- S11 Incapacitating Agents
- SE1 Elder at Risk

Toxicology

• DT2 - Alcohol

