TRAC-V FREESTANDING EMERGENCY DEPARTMENT AND FREESTANDING EMERGENCY MEDICAL CENTER TRANSPORT GUIDELINES

July 2026

PURPOSE

The purpose of these guidelines is to provide standardized regional guidance for EMS providers within Trauma Service Area V (TSA-V) on the appropriate use of Freestanding Emergency Departments (FEDs/FEMCs) as transport destinations, ensuring:

- Patient safety through appropriate destination selection
- Preservation of hospital emergency department capacity
- System efficiency during routine and surge operations

This is a living document and will be evaluated at least annually or as capabilities and regional needs change.

GUIDELINE STATEMENT

Freestanding Emergency Departments are appropriate destinations only for low-acuity, non-critical patients who are unlikely to require:

- Advanced imaging (MRI, Interventional Radiology, etc.)
- Specialty consultation (Cardiology, Neurosurgery, Trauma, OB, etc.)
- Admission to ICU or surgical services

If there is any doubt regarding patient acuity or facility capability, EMS shall transport to the closest, most appropriate facility.

AUTHORITY

These guidelines operate under the authority and oversight of the TRAC-V Board of Directors and is consistent with applicable rules and regulations outlined in the Texas Administrative Code, Title 25, Part 1, Chapter 157, and guidance from DSHS which recognizes and supports the role of Regional Advisory Councils (RACs) in coordinating trauma and emergency healthcare systems. This policy further aligns with the TRAC-V Bylaws and may be amended and/or repealed at any time by a majority vote of the Directors.

SCOPE

These guidelines apply to all EMS agencies operating within TRAC-V and are intended to complement:

- TRAC-V Field Triage Guidelines
- EMS Medical Director Protocols

GENERAL PRICIPLES

1. Rule out time-sensitive conditions first
    - Stroke
    - STEMI / Chest Pain
    - Sepsis
    - Trauma
    - Respiratory Failure

2. FEDs are NOT Trauma Centers
    - Per TRAC-V Field Triage Guidelines, freestanding facilities are not appropriate for trauma patients

3. EMS Clinical Judgement Prevails
    - Any patient deemed potentially unstable or high-risk should be transported to the closest, most appropriate facility

PATIENTS APPROPRIATE FOR FED TRANSPORT – ROUTINE OPERATIONS

1. General Criteria

Patients must meet ALL of the following:

- Hemodynamically stable
- Normal or near-normal vital signs
- GCS 15 (or baseline mental status)
- No high-risk complaint or mechanism of injury
- No anticipated need for specialty care or admission

2. Examples of Appropriate Patients

(Not all-inclusive; EMS discretion applies)

Medical (Low Acuity):

- Minor illness (URI symptoms, sore throat, mild fever)
- Mild abdominal pain without red flags
- Nausea / vomiting without dehydration or instability
- Medical refills or minor allergic reactions (no airway involvement)
- Simply urinary complaints

Injury (Low Risk Only):

- Minor lacerations requiring suturing

- Isolated extremity injuries without deformity or neurovascular compromise
- Minor burns (< 10% TBSA, no airway involvement)
- Ambulatory patients with low-risk mechanisms

PATIENTS INAPPROPRIATE FOR FED TRANSPORT – ROUTINE OPERATIONS

1. High-Risk / Time-Sensitive Conditions
    - Chest Pain / suspected ACS or STEMI
    - Stroke symptoms or new neurological deficit
    - Sepsis or suspected infection with SIRS criteria
    - Respiratory and/or Airway distress (any severity)
    - Cardiac Arrest
    - Syncope
    - GI bleeding
    - New-onset seizures
    - Heat stroke, drowning, or resuscitation cases
    - Dialysis patients

2. Trauma (AUTOMATIC EXCLUSION)
    - Any patient meeting the TRAC-V Field Triage criteria
    - Moderate or high-risk mechanisms
    - Head injury with risk factors
    - Suspected fractures requiring specialty care
    - Penetrating trauma or MVC related injuries

3. Special Populations (Generally Excluded)
    - Pregnant patients
    - Pediatric patients < 12 months
    - Nursing home / LTAC transfers
    - Psychiatric emergencies
    - Sexual assault patients

4. System Level Exclusion

Any patient likely to require:

- Hospital admission
- ICU care
- Surgical intervention
- Specialty consultation

OPERATIONAL GUIDANCE

1. Destination Decision

EMS should consider:

- Patient condition
- Distance to hospital vs FED
- Known capabilities of local FEDs
- System status (ED holds, diversions, availability, etc.)

2. Communication
   - EMS should notify receiving FED of incoming patient via Pulsara when appropriate
   - If FED determines patient exceeds capabilities – Initiate rapid transfer to closest, most appropriate facility

3. EMS Medical Director Oversight
   - Agencies may further refine criteria under local protocols
   - TRAC-V provides regional guidance, not a replacement of EMS medical director control

MASS CASUALTY INCIDENT (MCI) CONSIDERATIONS

During Mass Casualty Incidents (MCIs) or regional surge events, any facility licensed, designated, or publicly operating as an Emergency Center, Freestanding Emergency Department (FED), or Freestanding Emergency Medical Care Facility (FEMC) within TSA-V shall be expected to participate in regional patient distribution efforts and accept appropriate low-acuity patients within the scope of their operational capabilities, regardless of routine ambulance transport practices.

FED utilization may expand to include:

1. GREEN / MINOR Patients:
   - Walking wounded
   - Minor lacerations, abrasions, sprains
   - Stable patients requiring basic evaluation only

2. FED Role in MCI situations:
   - Offload low-acuity patients from hospitals
   - Preserve trauma center capacity for YELLOW / RED patients
   - Serve as secondary treatment / distribution sites

3. EXCLUDED during MCIs:
    - RED or unstable patients
    - Any patient requiring surgery, ICU, or specialty care

TRAC-V BOARD APPROVAL

Freestanding Emergency Departments are not substitutes for hospital emergency departments or trauma centers. These guidelines are intended to support EMS decision-making but do not replace clinical judgment. When uncertainty exists, transport to the closest, most appropriate facility is required.

These guidelines shall be reviewed periodically and updated as needed to reflect changes in regional needs, technology, and regulatory requirements.

Approved by the TRAC-V Board of Directors on July 24, 2026.

TRAC-V Board Chair Signature: _____

TRAC-V Executive Director: _____