

### **North Adams Emergency Satellite Facility (“NASEF” or simply “SEF”) Point-of-Entry Considerations:**

The NASEF has clinical limitations, which make EMS point of entry for specific patient presentations best served by direct transport to Berkshire Medical Center Main Campus ED (“BMC”). The SEF does not have the following provisions: inpatient beds; access to an operating room; obstetrics; on-site specialty consultation; ready access to ultrasound at most times of the day (bedside ultrasound by the ED attending is available); or MRI.

**Medical Control Utilization: Outlining every clinical scenario and point of entry is not possible. These are guidelines to best facilitate field decision to transport directly to BMC. Please call Medical Control for additional direction if you are unsure of the most appropriate destination.**

The following conditions should be transported directly to BMC, with the exception that patients who have become ill or injured on the North Adams Campus of BMC (meaning, within the former North Adams Regional Hospital building and immediate grounds) should be brought directly to the SEF under all circumstances, regardless of whether they meet one or more of the criteria below

- Trauma: Patients meeting Level I & 2 criteria (see attached). BMC is a designated Level III trauma center with a trauma response team, transfusion protocols and operating room capabilities.
- OB: All pregnant patients independent of gestational age with complaints that may represent an obstetrical concern. BMC has full mother-baby capabilities and available 24/7 ultrasound. However, imminent delivery requires transport directly to the SEF for delivery and stabilization.
- Hemorrhage: Patients with complaints of significant bleeding/blood loss or associated vital sign abnormalities that may require emergent transfusion. However, uncontrollable bleeding which could result in exsanguination prior to arrival at BMC requires transport directly to the SEF for stabilization. Call medical control immediately in this circumstance for further direction.
- Imaging: Patients requiring emergent ultrasound or MRI for diagnosis and treatment. These would include suspected ovarian torsion, testicular torsion, ectopic pregnancy, and back/spine complaints with neurologic deficits.
- Critical Care: Patients with significant vital sign abnormalities that would require critical care services such as ICU admission.
- Respiratory: Patients with new hypoxia are highly likely to be admitted and therefore should be brought directly to BMC. However, patients who remain hypoxic in the field on high-flow oxygen or who have severe respiratory distress and potential need for intubation should be brought to the SEF for stabilization.
- Behavioral Health: Patients who are suicidal, homicidal, have a section 12a applied, or require application of restraints in the field. These cases consume a significant number of resources and are highly likely to be admitted to a psychiatry service.
- Sexual Assault: SANE nurse services are only available at BMC.

***Critical Note: Patients with airway, breathing, circulation or obstetrical emergencies that cannot be supported in the field to enable additional transport time will enter at the SEF for emergent stabilization if the SEF is closer in terms of transport time than BMC.***