KCEMS

Kent County
Emergency Medical Services, Inc.

SMART EMS Medical Clearance Form

	No*	Yes
Suspect <u>New Onset</u> Psychiatric Condition?	1	
Medical Conditions that Require Screening?	2	
Diabetes (BGL less than 60 or greater than 250)		
Confirmed pregnancy (age 12-50)		
Other medical/trauma complaints that require ED treatment		
Abnormal:	3	
Vital Signs?		
Temp: greater than 38.0°C (100.4°F)		
HR: less than 50 or greater than 110		
BP: less than 100 systolic or greater than 180/110 (2 consecutive readings 15 min apart)		
RR: less than 8 or greater than 22		
O_2 Sat: less than 95% on room air		
Mental Status?		
Cannot answer name, month/year and location (minimum A/O x 3)		
If clinically intoxicated, ~~Hll~~ score 4 or more?		
Physical Exam findings requiring ED evaluation?		
Risky Presentation?	4	
Age less than 12 or greater than 55		
Possibility of medication ingestion (screen all suicidal patients)		
Eating disorders		
Potential for alcohol withdrawal (daily use equal to or greater than 2 weeks)		
Ill-appearing, significant injury, prolonged struggle or “found down”		
Therapeutic Levels Needed (is the patient prescribed any of the medications below)?	5	
Phenytoin		
Valproic acid		
Lithium		
Digoxin		
Warfarin (INR)		

If the first four (4) SMART categories are checked “NO” then the patient can be considered for an online Medical Control order to request transport to alternative destination. The findings contained in the Therapeutic “T” section must be communicated to the online Medical Control physician during report.

If ANY category is checked “YES” then the patient does not meet the criteria for alternative destination and requires transport to an appropriate emergency department.

DATE: _____ TIME: _____ Completed by: _____ _____

Printed Name	Signature