



**Regional Hospital-Resource Guide for EMS: FSED ATTESTATION  
Central Ohio Hospital Acute Care Capabilities**

Hospital Name <i>(Please print)</i> :			
<b>PERSON PROVIDING INFORMATION</b>			
Name:			
Title:			
Phone Contact Number(s):			
<b>1 PEDIATRIC PATIENTS</b>			
a	Our ED is prepared to resuscitate pediatric patients	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b	Our ED typically admits resuscitated pediatric patients to our <b>FACILITY</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c	Our ED is prepared to stabilize pediatric patients with major trauma (two or more systems)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d	Our ED is prepared to stabilize pediatric patients with minor trauma (orthopedic injuries, lacerations, etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e	Our ED is prepared to stabilize pregnant pediatric patients with major or minor trauma	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f	Our ED typically transfers pediatric major trauma and/or burn patients to another hospital	<input type="checkbox"/> Yes	<input type="checkbox"/> No
g	Our ED is prepared to stabilize pediatric patients with major burns (i.e. partial/full thickness > 10% TBSA or involving face, hands, feet, genitalia) and/or inhalation injury	<input type="checkbox"/> Yes	<input type="checkbox"/> No
h	Our ED is prepared to evaluate and treat pediatric patients with illnesses such as asthma, abdominal pain, etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
i	Our ED is prepared to evaluate and treat pediatric obstetric (OB) patients	<input type="checkbox"/> Yes	<input type="checkbox"/> No
j	Our ED is prepared to evaluate and treat pediatric sexual assault patients	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>2 BURNS</b>			
a	Our ED is prepared to stabilize a patient with major burns (i.e. partial/full thickness > 10% TBSA or involving face, hands, feet, genitalia) and/or inhalation injury	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b	Our ED admits major burn patients to our <b>FACILITY</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c	Our ED admits patients with a diagnosis of smoke inhalation to our <b>FACILITY</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>3 HYPERBARIC</b>			
a	Our <b>FACILITY</b> has emergent hyperbaric capabilities 24/7/365	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>4 CARDIAC ARREST &amp; STEMI</b>			
a	Our <b>FACILITY</b> has a cardiac cath lab that provides emergency percutaneous coronary intervention (PCI) for STEMI & non-STEMI 24/7/365	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b	Our <b>FACILITY</b> initiates and/or continues post-arrest therapeutic hypothermia	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c		Our ED can receive a prehospital 12-lead ECG from the Medtronic/PhysioControl (M), Phillips (P), or Zoll (Z) monitor	
		<input type="checkbox"/> No	<input type="checkbox"/> Medtronic/PhysioControl
		<input type="checkbox"/> Phillips	<input type="checkbox"/> Zoll
d	Our ED allows EMS to activate the cath lab or STEMI team via radio report	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e	Our <b>FACILITY</b> participates in the American College of Cardiology Action Registry	<input type="checkbox"/> Yes	<input type="checkbox"/> No
STEMI Coordinator:		Phone number:	
<b>5 DECONTAMINATION EMERGENCIES</b>			
a	<b>PER HOUR</b> on a 24/7/365 basis, our ED can emergently decon this many patients		
<input type="checkbox"/> ≤ 25 patients/hour		<input type="checkbox"/> 26-50 patients/hour	<input type="checkbox"/> 51-100 patients/hour
		<input type="checkbox"/> 51-100 patients/hour	<input type="checkbox"/> > 100 patients/hour

<b>6 DIALYSIS EMERGENCIES</b>					
a	Our <b>FACILITY</b> has emergent dialysis capabilities 24/7/365			<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>7 OBSTETRICAL EMERGENCIES</b>					
a	Our <b>FACILITY</b> has in-house OB medical coverage 24/7/365			<input type="checkbox"/> Yes	<input type="checkbox"/> No
b	Our <b>FACILITY</b> has a neonatal ICU			<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>8 PSYCH EMERGENCIES</b>					
a	Our ED can provide an initial psychiatric evaluation 24/7/365			<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>9 SEXUAL ASSAULTS</b>					
a	Our ED has SANE/SAFE coverage 24/7/365			<input type="checkbox"/> Yes	<input type="checkbox"/> No
b	Our ED typically transfers pediatric sexual assault patients			<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>10 STROKES (ACUTE)</b>					
a	Our <b>FACILITY</b> has 24/7 telestroke capabilities as a Spoke or Hub hospital	<input type="checkbox"/> Yes/Spoke	<input type="checkbox"/> Yes/Hub	<input type="checkbox"/> No	
b	Our <b>FACILITY</b> provides neuro-interventional therapies 24/7/365 for acute stroke patients who are interventional candidates			<input type="checkbox"/> Yes	<input type="checkbox"/> No
c	Our <b>FACILITY</b> can admit acute stroke patients after starting IV tPA			<input type="checkbox"/> Transfer	<input type="checkbox"/> Admit
d	Our <b>FACILITY</b> administers IV tPA to eligible patients 24/7/365			<input type="checkbox"/> Yes	<input type="checkbox"/> No
e	Our <b>FACILITY</b> is currently certified as:	<input type="checkbox"/> Acute Stroke Ready Hospital	<input type="checkbox"/> Primary Stroke Center		
		<input type="checkbox"/> Comprehensive Stroke Center	<input type="checkbox"/> We are not a certified center		
<b>Note: Patients 16 years and younger with stroke-like symptoms should be transported to Nationwide Children's Hospital</b>					
Contact:			Phone number:		
<b>11 TRAUMA PATIENTS</b>					
a	Our <b>FACILITY</b> is an ACS-verified trauma center at Level 1 (L1), Level 2 (L2) or Level 3 (L3):	<input type="checkbox"/> No	<input type="checkbox"/> L1	<input type="checkbox"/> L2	<input type="checkbox"/> L3
b	Our <b>FACILITY</b> typically transfers patients with major trauma to another hospital			<input type="checkbox"/> Yes	<input type="checkbox"/> No
c	Our <b>FACILITY</b> can treat significant (non-minor) ocular globe injuries 24/7/365			<input type="checkbox"/> Yes	<input type="checkbox"/> No
d	Our <b>FACILITY</b> has microvascular re-implantation services for amputations 24/7/365			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Contact:			Phone number:		
<b>I attest to the statements and responses indicated in this document.</b>					
_____ Print Hospital CEO, COO, CMO or President Name Or Designee		_____ Signature & Title		_____ Date	

**PLEASE RETURN ATTESTATION TO:**

Central Ohio Trauma System  
 Attention: Wendi Lowell  
 1390 Dublin Rd., Columbus, Ohio 43215  
 Fax (614) 643-3824 or [wlowell@centralohiotraumasystem.org](mailto:wlowell@centralohiotraumasystem.org)

Approved by the COTS Board of Trustees on 07/28/09; Updated 9/30/13;11/28/17;07/18