



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

Hospital Name <i>(Please print)</i> :			
PERSON PROVIDING INFORMATION			
Name:			
Title:			
Phone Contact Number(s):			
1 PEDIATRIC PATIENTS			
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 hospital	<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
2 BURNS			
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 hospital	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c	Our ED admits patients with a diagnosis of smoke inhalation to our hospital	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3 HYPERBARIC			
a	Our hospital has emergent hyperbaric capabilities 24/7/365	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4 CARDIAC ARREST & STEMI			
a	Our hospital 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 hospital 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 hospital participates in the American College of Cardiology Action Registry	<input type="checkbox"/> Yes	<input type="checkbox"/> No
STEMI Coordinator:		Phone number:	
5 DECONTAMINATION EMERGENCIES			
a	PER HOUR 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

6 DIALYSIS EMERGENCIES					
a	Our hospital has emergent dialysis capabilities 24/7/365			<input type="checkbox"/> Yes	<input type="checkbox"/> No
7 OBSTETRICAL EMERGENCIES					
a	Our hospital has in-house OB medical coverage 24/7/365			<input type="checkbox"/> Yes	<input type="checkbox"/> No
b	Our hospital has a neonatal ICU			<input type="checkbox"/> Yes	<input type="checkbox"/> No
8 PSYCH EMERGENCIES					
a	Our ED can provide an initial psychiatric evaluation 24/7/365			<input type="checkbox"/> Yes	<input type="checkbox"/> No
9 SEXUAL ASSAULTS					
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
10 STROKES (ACUTE)					
a	Our hospital 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 hospital 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 hospital can admit acute stroke patients after starting IV tPA			<input type="checkbox"/> Transfer	<input type="checkbox"/> Admit
d	Our hospital administers IV tPA to eligible patients 24/7/365			<input type="checkbox"/> Yes	<input type="checkbox"/> No
e	Our hospital 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		
Note: Patients 16 years and younger with stroke-like symptoms should be transported to Nationwide Children's Hospital					
Contact:			Phone number:		
11 TRAUMA PATIENTS					
a	Our hospital 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 hospital typically transfers patients with major trauma to another hospital			<input type="checkbox"/> Yes	<input type="checkbox"/> No
c	Our hospital can treat significant (non-minor) ocular globe injuries 24/7/365			<input type="checkbox"/> Yes	<input type="checkbox"/> No
d	Our hospital has microvascular re-implantation services for amputations 24/7/365			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Contact:			Phone number:		
I attest to the statements and responses indicated in this document.					
_____ 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

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