

CENTRAL CALIFORNIA
EMERGENCY MEDICAL SERVICES
A Division of the Fresno County Department of Public Health

Manual	Emergency Medical Services Administrative Policies and Procedures	Policy Number 548
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References		Effective 04/18/83

I. POLICY

EMS personnel will utilize the following guidelines for determining the proper utilization of Code 3 transports.

During Code 3 ambulance transport, there is a higher risk of accident, injury and anxiety to the patient, ambulance personnel and the public. Therefore, when deciding on Code 3 transports, these risks must be weighed carefully against the patient's need for immediate definitive treatment.

A. Definitions

1. **CODE 3** - As a baseline definition, a Code 3 run is one in which the ambulance proceeds with red lights and siren, generally obeys the speed limit and always drives with normal precaution, but is able to exceed speed limits by 15 miles/hour and can cross against stop signs or red lights at 15 miles/hour.
2. **Code 2** - Code 2 run is one in which all traffic laws are obeyed with no exception, but in which transport is carried out expeditiously.
3. **STAT** - Transport now without delay (not necessarily Code 3). STAT patients and patients that require Code 3 transport are different. There are STAT patients that should be transported immediately but without lights and sirens. A patient unconscious from a head injury, for example, should leave the scene STAT, but may be transported Code 2, unless he is deteriorating.

B. Code 3 Categories

1. Shock of any cause, usually characterized by rapid thready pulse and weakness; also, often associated with shortness of breath, moist, pale skin, restlessness or lethargy to unconsciousness. In the adult, the blood pressure is usually below 90 systolic by palpation or auscultation.
2. Severe respiratory distress of any cause. This may be associated with cyanosis, stridor, inadequate rate, obstructed airway or actual respiratory arrest. In a child, it may be associated with severe retraction.
3. Severe bleeding of any cause, which is uncontrollable by direct pressure, elevation, pressure point or tourniquet application.

Approved By EMS Division Manager	Daniel J. Lynch (Signature on File at EMS Agency)	Revision
EMS Medical Director	Jim Andrews, M.D. (Signature on File at EMS Agency)	04/19/2005

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4. Severe allergic reaction to include both drug reactions and allergic reaction of any cause characterized by itching or rash and progression toward shock or shortness of breath (possible wheezing).
5. Head injuries with rapid deterioration; that is, a change in mental status from awake to coma, development of pupil irregularities or significant changes in pulse rate, blood pressure or respiratory rate.
6. Severe trauma or Penetrating injuries to the head, neck, throat, chest or abdomen (including gunshot and stab wounds).
7. Childbirth in the presence of prolapsed cord, breech presentation with the head not delivering in 2-3 minutes or limb presentation.
8. Burn and/or smoke inhalation with resulting airway compromise.
9. Near Drowning
10. Conditional - The following categories are open to the discretion of the prehospital personnel and Base Hospital and should be considered for Code 3, but only when Code 2 travel would significantly increase transport time to the hospital (i.e., by 5-10 minutes):
 - a. Severe poisoning, overdose or toxin intake (including venomous snake bite), particularly if a known lethal quantity of toxins or drugs have been taken and especially in association with deteriorating vital signs.
 - b. Comatose patients
 - c. Any patient with an unstable appearance and/or severe symptoms or deterioration of clinical appearance that, in the good medical judgment of the prehospital personnel, should be transported Code 3.