

SUBJECT: **MEDICAL CLEARANCE CRITERIA SCREENING
TOOL FOR SOBERING CENTER (SC)**

(PARAMEDIC)
REFERENCE NO. 528.1

PROCEDURE:

1. Paramedic shall assess and evaluate the patient using all the criteria listed below.
2. If ALL criteria are **Yes (Green)** – triage patient to designated Sobering Center (SC), only if transport time is within 15 minutes.
3. If ANY criterion is **No (Red)** – triage patient to the most accessible 9-1-1 receiving hospital.
4. MEDICAL CLEARANCE CRITERIA FOR **SC**

Provider Impression of Alcohol Intoxication	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Verbalizes consent	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Cooperative and does not require restraints	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Ambulatory, does not require wheelchair and no focal neurological deficit	Yes <input type="checkbox"/>	No <input type="checkbox"/>
No emergent medical condition	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Age \geq 18 years old and \leq 65 years	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Heart Rate \geq 60 and \leq 120 beats per minute	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Respiratory Rate \geq 12 and \leq 24 respirations per minute	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Pulse Oximetry \geq 94% on room air	Yes <input type="checkbox"/>	No <input type="checkbox"/>
SBP \geq 100 and $<$ 180 mmHg	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Best Glasgow Coma Score \geq 14*	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If diabetes, glucose \geq 60 and $<$ 250mg/dL	Yes <input type="checkbox"/>	No <input type="checkbox"/>
No injury meeting TC criteria or guidelines	Yes <input type="checkbox"/>	No <input type="checkbox"/>
No complaint of: chest pain, SOB, Abdominal or pelvic pain, or syncope	Yes <input type="checkbox"/>	No <input type="checkbox"/>
No bleeding including any hemoptysis or GI bleed	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Not on anticoagulants**	Yes <input type="checkbox"/>	No <input type="checkbox"/>
No suicidal ideations	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Not pregnant (known or suspected)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
No bruising or hematoma above the clavicles	Yes <input type="checkbox"/>	No <input type="checkbox"/>
No intellectual or developmental disability	Yes <input type="checkbox"/>	No <input type="checkbox"/>
No loss of consciousness within 24 hours (syncopal or seizure)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
EMS Personnel feel patient is stable for SC	Yes <input type="checkbox"/>	No <input type="checkbox"/>

* Best GCS – upon initial assessment, an inebriated person may not have spontaneous eye opening without stimulation and may not be fully oriented which = GCS of 13. Upon secondary assessment, if eyes remain open with minimal confusion, GCS is 14 and meets criteria.

** Common Anticoagulants: Warfarin/Coumadin, Clopidogrel/Plavix, Enoxaprin/Lovenox, Rivaroxaban/Xarelto, Dabigatran/Pradaxa, Apixaban/Eliquis, Edoxaban/Savaysa, and Fondaparinux/Arixta.