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Authors
Bucher, Joshua
Joseph, Joslyn
Feldman, David

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Erratum

This Article Corrects: “Mistriaged Advanced Life Support Patients in a Two-Tiered, Suburban Emergency Medical Services System”

Joshua Bucher, MD*†
Joslyn Joseph, DO‡
David Feldman, MD§

*Rutgers - Robert Wood Johnson Medical School, Department of Emergency Medicine, New Brunswick, New Jersey
†RWJ Barnabas Mobile Health Services, New Brunswick, New Jersey
‡Newark Beth Israel Medical Center, Department of Emergency Medicine, Newark, New Jersey
§Morristown Medical Center, Department of Emergency Medicine, Morristown, New Jersey

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Abstract

Introduction: Emergency medical services (EMS) systems exist to provide prehospital care in diverse environments throughout the world. Advanced Life Support (ALS) services can provide advanced care including 12-lead electrocardiogram (ECG), endotracheal intubation and parenteral medication administration. Basic Life Support (BLS) can provide basic care such as splinting, wound care and cardiopulmonary resuscitation. ALS can release patients to BLS for transport to the hospital, and this is an area of high risk. Our study examines patients who were triaged and admitted to a critical care location, including an intensive care unit (ICU), cardiac catheterization laboratory, or operating room (OR).

Methods: The analysis included data from 2007–2015 of all patients who were triaged. We evaluated demographics, admission diagnoses, and dispositions using descriptive statistics. Diagnoses were grouped into categories based on the system.

Results: We found that 372/17,639 (2%) of patients were mistriaged to BLS and admitted to a critical care location. The average age was 64. The most common diagnosis categories were neurological (24%), gastrointestinal (GI)/abdominal pain (15%), respiratory (12%), and cardiac (12%).

Conclusion: It is uncommon for patients triaged from ALS to BLS to be admitted to an ICU, catheterization lab or OR, with a rate of 2%. Neurological, GI, respiratory, and cardiac diagnoses were the most frequent categories of patient complaints that were mistriaged. This study should lead to further studies to examine this patient population.

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