

The Transport Decision: Load and Go vs. Stay and Play

There are several concepts in EMS, which give students the biggest struggles in making a definitive decision, respiratory distress versus failure, compensated versus decompensated shock, and the decision to transport, to name a few. We see every day in the classroom, EMS students what a definitive answer, however as experienced providers we know the decision to transport is based on many different factors and our experience caring for sick patients. These are the most difficult concepts to teach, thus I want to share a few different techniques to help articulate this to our students.

First, it is helpful to work from consistent definitions. **Load and Go** refers to a priority patient, one suffering from injuries where transport to the hospital is needed right away. **Stay and Play** refers to a patient who will benefit from continued assessment on scene and then transport. It is important to recognize, both are transport decisions, meaning the patient will be transported at some point. It can be easy to consider patients who do not require or want transport as stay and play patients. However, we have to recognize prior to having a patient refuse transport, we have to conduct a secondary assessment. This means a stay and play patient may turn into a patient who doesn't require transport but at this point in our assessment, it would be difficult to make that decision.

Second, there are some clear patients who would benefit from each of the transport decisions. Patients who clearly need to be transported following the primary assessment are patients who had something fixed during the primary assessment. Patients, for example who are apneic or have arterial bleeding, need those problems treated and then transport should be initiated. Multisystem trauma patients and stroke patients who have time sensitive treatment (and little definitive care prehospital) are also good examples of those who benefit from loading and going. Similarly, there are some patients who staying and playing benefit the most. Patients who need splinting prior to moving and patients who require aspirin and nitroglycerine administration are examples of patients who a few extra minutes on scene would benefit. Importantly,

these patients will be transported but a few minutes to provide this initial care, such as treating pain with splinting or treatment that has substant benefit and takes just minutes, overall helps the patient.

Third, and the most difficult, the patients who don't clearly fit into either load and go or stay and play. We refer to this concept as index of suspicion. This topic is covered in lecture, during the trauma unit, and helps provide students the understanding that as they care for patients, they will develop a sense of how sick someone may be. I often share with students, early in their EMS careers a lot of their patients will be load and go and as they gain experience, they will be less afraid of their patient's illnesses and injuries and thus they will hone their index of suspicion. I have also heard of this concept referred to as the EMS Provider's "Spidey Sense," a reference to Spiderman's sense when something is about to go wrong in his neighborhood. My "Spidey Sense" is always strong when I see a patient who is pale and diaphoretic for example, I don't know exactly what is wrong, but I know we are going to the hospital sooner rather than later because the conditions that cause these signs tell me the patient is sick. Another way I have heard this explained is, "you'll never be wrong to load and go," and I think this is another perfectly acceptable way to explain the decision to transport to students, recognizing as they run more calls, they will start to better decide who needs to be loaded and go.

Finally, as educators, we must remember our job is to prepare the students to be entry level competent. This means we will never be able to expose our students to every condition they will see in the field and even though that can seem like a letdown, it is the outcome of every EMT program in the country. Our goal is for students to understand the concept of getting patients to the hospital, knowing as they grow as providers, so too will their critical thinking skills. This also means, it is ok for us to say, "it depends." It can be difficult for us to tell students an answer that isn't absolute. We all know your ability to quickly move a patient depends on a multitude of factors (the scene, available resources, the patient's mobility, etc). Thus, we must be alright saying, it may depend on the situation, or it may not make a big difference either way.

In summary, the decision to transport is more nuanced than just stay and play and load and go. However, it does require that we all work from the same definitions and recognize some patients should be transported following the primary assessment and other patients can wait for additional assessment and care prior to transport. I also want to empower you to say “it depends” because in reality, that is what they will do in the field.