

Policy 627

Emergency Department Re-Triage of Trauma Patients

Rev: 2/18

I. Purpose

- A. To outline the criteria and process for emergency re-triage and for transfer of patients needing trauma care from non-trauma facilities to appropriate trauma centers.

II. Definitions

- A. **Emergency Trauma Re-Triage:** The movement of patients meeting specific high-acuity criteria to a trauma center for trauma care. Timeliness of evaluation and intervention at the trauma center is critical.
- B. **Trauma Transfer:** The movement of other patients with traumatic injuries to the trauma center (those not meeting Emergency Re-Triage criteria) whose needs may be addressed in a prompt fashion but are less likely to require immediate intervention.

III. Policy

- A. Under Policy 625 *Trauma Patient Transport and Hospital Destination* critical trauma patients are to be triaged directly to a Trauma Center from the field by EMS personnel. Trauma patients, who present at other facilities via EMS or other arrival mode, when medically appropriate, should be considered for re-triage or transfer to a trauma center for definitive care. It is well established that trauma patient mortality and morbidity is directly proportional to the time required to complete the transport to a trauma center, including time spent at a non-trauma center.
- B. Transferring facilities should use the attached algorithm to assist with identification of those trauma patients who would benefit from care at a trauma center.
- C. Transferring facilities should also make use of the process outlined in the attached algorithm to facilitate transfer to the trauma center.



STEP 1: Determine Acuity Level

RED BOX: EMERGENCY TRANSFER CRITERIA 911 or Air Ambulance

- | | |
|--|--|
| <ul style="list-style-type: none"> • Blood Pressure <ul style="list-style-type: none"> ○ SBP <90mmHg ○ Decrease in BP by 30 mmHg after 2 liters of crystalloid solution infusion • Head Injury <ul style="list-style-type: none"> ○ Blown pupil ○ Obvious Open Skull Fracture | <ul style="list-style-type: none"> • Penetrating injuries <ul style="list-style-type: none"> ○ thoracic, ○ neck ○ abdominal • Patient requiring IMMEDIATE evaluation/resuscitation per transferring physician. |
|--|--|

BLUE BOX: URGENT TRANSFER CRITERIA Non 911 or Air Ambulance

- | | |
|---|--|
| <ul style="list-style-type: none"> • Central Nervous System <ul style="list-style-type: none"> ○ Penetrating injury or open fracture to head
GCS <14 with abnormal CT ○ Spinal cord or major vertebral injury • Chest <ul style="list-style-type: none"> ○ Major chest wall injury with >3 rib fractures and/or pulmonary contusion ○ Wide mediastinum or other signs of great vessel injury ○ Cardiac Injury ○ Penetrating Chest Injury • Major extremity injuries <ul style="list-style-type: none"> ○ Fracture/dislocation with loss of distal pulses and/or ischemia <ul style="list-style-type: none"> ○ Open long bone fractures ○ Two or more long bone fractures ○ Amputations requiring re-implantation: (STH if < 15, RMC or STH if > 15) | <ul style="list-style-type: none"> • Pelvis/Abdomen <ul style="list-style-type: none"> ○ Pelvic ring disruption ○ Solid organ injury confirmed by CT or ultrasound demonstrating abdominal fluid • Multiple System Injury <ul style="list-style-type: none"> ○ Burns with associated injuries: (VMC) ○ Major injury to more than two body regions ○ Signs of Hypoperfusion (Lactate >4 or Base Deficit >4) • Co-morbid factors <ul style="list-style-type: none"> ○ Adults > 65 y/o ○ Children < 6 y/o (VMC, STH) ○ Insulin dependent diabetes ○ Morbid obesity ○ Cardiac or respiratory disease ○ Immunosuppression ○ Pregnancy >22 weeks gestation: (STH, VMC) • Patient requiring URGENT evaluation/resuscitation per transferring physician. |
|---|--|

David Ghilarducci MD



San Benito County EMS Agency
Section 600: Operational Policies

Policy 627

Emergency Department Re-Triage of Trauma Patients

Rev: 2/18

STEP 2: Contact Trauma Center	
Adult (>15)	Pediatric (<15)
Natividad Medical Center 855-445-7872 Regional Medical Center 408-729-2841 Santa Clara Valley Medical Center 408-947-4087 Stanford Medical Center 650-723-7337	Santa Clara VMC—Children’s 408-947-4087 Lucille Packard Children’s Hospital 650-723-4696 UCSF Benioff Children’s Hospital Oakland .. 855-246-5437
Burn	Re-Implantation
Santa Clara Valley Medical Center 408-947-4087	Stanford Medical Center 650-723-7337
Pregnancy > 22 Weeks	Spinal Cord Injury
Santa Clara Valley Medical Center 408-947-4087 Stanford Medical Center 650-723-7337	Santa Clara Valley Medical Center 408-947-4087

STEP 3: Arrange Appropriate Transportation			
	ALS	CCT-RN	AIR Ambulance
Provider	Paramedic	Critical Care RN & EMT	RN/RN RN/Paramedic
Capability	Standard Paramedic Scope. No paralyzing agents or blood products. Can sedate intubated patients with midazolam.	Mechanical ventilation, most medications including paralyzing agents, blood products	Mechanical ventilation, most medications including paralyzing agents, blood products
Mode	911 for RED BOX only if faster than AIR Non-911 for BLUE BOX	Direct Contact with Provider	Direct Contact with Provider

STEP 4: Patient Preparation and Packaging
<ul style="list-style-type: none"> Package patient for immediate transfer: <ul style="list-style-type: none"> Prepare copies of diagnostic studies Prepare transfer documents Terminate or initiate infusions as appropriate for level of transport Packaging shall be complete before initiating 911 request for RED BOX patients.

David Ghilarducci MD

David Ghilarducci MD
EMS Medical Director