

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

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| <ul style="list-style-type: none"> <li>• <b>Blood Pressure</b> <ul style="list-style-type: none"> <li>○ SBP &lt;90mmHg</li> <li>○ Decrease in BP by 30 mmHg after 2 liters of crystalloid solution infusion</li> </ul> </li> <li>• <b>Head Injury</b> <ul style="list-style-type: none"> <li>○ Blown pupil</li> <li>○ Obvious Open Skull Fracture</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>• <b>Penetrating injuries</b> <ul style="list-style-type: none"> <li>○ thoracic,</li> <li>○ neck</li> <li>○ abdominal</li> </ul> </li> <li>• Patient requiring <b>IMMEDIATE</b> evaluation/resuscitation per transferring physician.</li> </ul> |
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#### BLUE BOX: URGENT TRANSFER CRITERIA Non 911 or Air Ambulance

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| <ul style="list-style-type: none"> <li>• <b>Central Nervous System</b> <ul style="list-style-type: none"> <li>○ Penetrating injury or open fracture to head<br/>GCS &lt;14 with abnormal CT</li> <li>○ Spinal cord or major vertebral injury</li> </ul> </li> <li>• <b>Chest</b> <ul style="list-style-type: none"> <li>○ Major chest wall injury with &gt;3 rib fractures and/or pulmonary contusion</li> <li>○ Wide mediastinum or other signs of great vessel injury</li> <li>○ Cardiac Injury</li> <li>○ Penetrating Chest Injury</li> </ul> </li> <li>• <b>Major extremity injuries</b> <ul style="list-style-type: none"> <li>○ Fracture/dislocation with loss of distal pulses and/or ischemia <ul style="list-style-type: none"> <li>○ Open long bone fractures</li> <li>○ Two or more long bone fractures</li> <li>○ Amputations requiring re-implantation: (STH if &lt; 15, RMC or STH if &gt; 15)</li> </ul> </li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>• <b>Pelvis/Abdomen</b> <ul style="list-style-type: none"> <li>○ Pelvic ring disruption</li> <li>○ Solid organ injury confirmed by CT or ultrasound demonstrating abdominal fluid</li> </ul> </li> <li>• <b>Multiple System Injury</b> <ul style="list-style-type: none"> <li>○ Burns with associated injuries: (VMC)</li> <li>○ Major injury to more than two body regions</li> <li>○ Signs of Hypoperfusion (Lactate &gt;4 or Base Deficit &gt;4)</li> </ul> </li> <li>• <b>Co-morbid factors</b> <ul style="list-style-type: none"> <li>○ Adults &gt; 65 y/o</li> <li>○ Children &lt; 6 y/o (VMC, STH)</li> <li>○ Insulin dependent diabetes</li> <li>○ Morbid obesity</li> <li>○ Cardiac or respiratory disease</li> <li>○ Immunosuppression</li> <li>○ Pregnancy &gt;22 weeks gestation: (STH, VMC)</li> </ul> </li> <li>• Patient requiring <b>URGENT</b> evaluation/resuscitation per transferring physician.</li> </ul> |
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| STEP 2: Contact Trauma Center   |  |
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| Adult (>15)   | Pediatric (<15)  |
| Natividad Medical Center ..... 855-445-7872<br>Regional Medical Center ..... 408-729-2841<br>Santa Clara Valley Medical Center ..... 408-947-4087<br>Stanford Medical Center ..... 650-723-7337 | Santa Clara VMC—Children’s ..... 408-947-4087<br>Lucille Packard Children’s Hospital ..... 650-723-4696<br>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<br>Stanford Medical Center ..... 650-723-7337  | Santa Clara Valley Medical Center ..... 408-947-4087   |

| STEP 3: Arrange Appropriate Transportation |   |  |  |
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|  | ALS   | CCT-RN   | AIR Ambulance  |
| Provider                                   | Paramedic   | Critical Care RN & EMT   | RN/RN<br>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<br>Non-911 for BLUE BOX   | Direct Contact with Provider   | Direct Contact with Provider   |

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

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