

TRAUMA PATIENT ASSESSMENT AND TRANSPORTATION GUIDELINES

Approved: 05/16/02

I. INTRODUCTION:

- A. The goal of any trauma patient assessment and transportation guideline is to facilitate “whatever gets the patient to the most appropriate level of care in the most expeditious manner”. ***There is strong evidence that shows that reducing the time interval from the moment of injury to delivery/arrival at a definitive care site will reduce morbidity and mortality.***
- B. These guidelines were developed to assist the emergency responder to determine what constitutes a trauma patient and where to transport the trauma patient.
- C. In the pre-hospital care environment, time, distance, patient condition, and level of care are important variables when making decisions for transporting the trauma patient. These variables are frequently hard to assess in the field and are ever changing. These guidelines are meant to supplement, but not replace the judgement of the on-scene EMT.
- D. ***The Tri-state Trauma Coalition encourages all Fire and EMS Agencies and their personnel to review the Trauma Patient Assessment and Transportation guidelines on an annual basis.***

II. CONCEPTS:

- A. Rapid field evaluation, treatment, and transport are vital to the overall outcome of the trauma patient. After the trauma patient’s extrication, the on-scene time should be limited to TEN MINUTES or less, except when there are extenuating circumstances.

- B. Trauma Patients, as identified in this document, should be transported to "**THE NEAREST TRAUMA CENTER**". *Trauma Center means a facility with a current A.C.S. verification certificate, or a hospital meeting A.C.S. guidelines with a known A.C.S. verification in process.*
- C. Use of on-line, active medical control for medical direction in the field, particularly for difficult cases, is encouraged .
- D. Pre-arrival notification of the receiving facility is essential !

III. TRAUMA CENTER\ FACILITY CAPABILITIES:

The Regional Trauma Plan is an inclusive model that integrates the resources of all facilities throughout the region in providing care to the severely injured trauma patient.

- A. Level I and II Trauma Centers offer the same level of care for the incoming trauma patient and may be used interchangeably.
- B. *Level III Trauma Centers offer services, based on individual hospital resources, that provide for initial assessment, resuscitation, and stabilization, which may include emergency surgery, for the trauma patient.*
 - The Level III Trauma Center will have established Transfer Agreements with the **NEAREST** Level I and II Trauma Centers in the region.
 - *In the areas of the region where the Level III Trauma Center is the only verified trauma facility, (within 30 minutes ground transport time), this hospital will act as the primary receiving facility for the critically injured patient.*

- *In areas where the trauma patient is in close proximity to a Level III trauma center and a Level I or II trauma center is still within the 30 minute transport guidelines established in this document, the EMS Provider should exercise professional judgment as to whether the patient would benefit more from an immediate evaluation and stabilization at the proximate Level III trauma center or from direct transport by EMS Provider to the Level I or II trauma center.*

C. Other general acute care hospitals not verified/designated as Trauma Centers, but having 24- hour Emergency Department capabilities, can and should be used in certain situations to stabilize the “critically injured” trauma patient. In areas of the region where there are no verified Trauma Centers (within 30 minute ground transport time) the general acute care hospital will act as the primary receiving facility for all critically injured trauma patients. (see air medical utilization guidelines).

- The general acute care hospital will have established Transfer Agreements with the **NEAREST** Level I and II Trauma Centers in the Region.

D. The pediatric trauma patient should be transported to the **NEAREST Pediatric Trauma Center!**

E. All pregnant trauma patients should be transported to the **NEAREST** adult Trauma Center.

IV. USE OF GUIDELINES:

- Determine if the patient qualifies as a trauma patient.
- Determine where and how the trauma patient is to be transported.
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V. HOSPITAL/INTER-HOSPITAL TRANSFER OF TRAUMA PATIENTS:

- A. Written protocols and agreements between facilities for transport/transfer of trauma patients are required.**
- B. EMS and local facility should have active discussion regarding each other's capabilities.**

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