



## Policy 627: Emergency Department Trauma Re-Triage

Revision 5/22/18  
Effective 8/1/18

- 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"><li>• Blood Pressure<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>• Head Injury<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>• Penetrating injuries<ul style="list-style-type: none"><li>○ thoracic,</li><li>○ neck</li><li>○ abdominal</li></ul></li><li>• Patient requiring IMMEDIATE evaluation/resuscitation per transferring physician.</li></ul> |
|---|---|

#### BLUE BOX: URGENT TRANSFER CRITERIA

##### Non 911 or Air Ambulance

- |   |   |
|---|---|
| <ul style="list-style-type: none"><li>• Central Nervous System<ul style="list-style-type: none"><li>○ Penetrating injury or open fracture to head GCS &lt;14 with abnormal CT</li><li>○ Spinal cord or major vertebral injury</li></ul></li><li>• Chest<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>• Major extremity injuries<ul style="list-style-type: none"><li>○ Fracture/dislocation with loss of distal pulses and/or ischemia</li><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> | <ul style="list-style-type: none"><li>• Pelvis/Abdomen<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>• Multiple System Injury<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>• Co-morbid factors<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 URGENT evaluation/resuscitation per transferring physician.</li></ul> |
|---|---|



### 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 <b>Midazolam</b> .	Mechanical ventilation, most medications including paralyzing agents, blood products	Mechanical ventilation, most medications including paralyzing agents, blood products
Mode	911 for <b>RED BOX</b> only if faster than AIR Non-911 for <b>BLUE BOX</b>	Direct Contact with Provider	Direct Contact with Provider

### STEP 4: Patient Preparation and Packaging

- Package patient for immediate transfer:
  - 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.