



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

- Blood Pressure
 - SBP <90mmHg
 - Decrease in BP by 30 mmHg after 2 liters of crystalloid solution infusion
- Head Injury
 - Blown pupil
 - Obvious Open Skull Fracture
- Penetrating injuries
 - thoracic,
 - neck
 - abdominal
- Patient requiring IMMEDIATE evaluation/resuscitation per transferring physician.

BLUE BOX: URGENT TRANSFER CRITERIA Non 911 or Air Ambulance

- Central Nervous System
 - Penetrating injury or open fracture to head GCS <14 with abnormal CT
 - Spinal cord or major vertebral injury
- Chest
 - 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
 - Fracture/dislocation with loss of distal pulses and/or ischemia
 - Open long bone fractures
 - Two or more long bone fractures
 - Amputations requiring re-implantation: (STH if < 15, RMC or STH if > 15)
- Pelvis/Abdomen
 - Pelvic ring disruption
 - Solid organ injury confirmed by CT or ultrasound demonstrating abdominal fluid
- Multiple System Injury
 - 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
 - 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.



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 Hospital650-723-4696 UCSF Benioff Children's Hospital Oakland ..855-246-5437
Burn	Re-Implantation
Santa Clara Valley Medical Center 408-947-4087	Stanford Medical Center650-723-7337
Pregnancy > 22 Weeks	Spinal Cord Injury
Santa Clara Valley Medical Center 408-947-4087 Stanford Medical Center 650-723-7337	Santa Clara Valley Medical Center408-947-4087

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

- 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.