Trauma Re-Triage Guidelines

CITY AND COUNTY OF SAN FRANCISCO

PROCEDURE FOR EMERGENT RE-TRIAGE OR URGENT TRANSFER OF TRAUMA PATIENTS TO SAN FRANCISCO GENERAL HOSPITAL

★★THESE PROCEDURES DO NOT APPLY IN TIMES OF DISASTER OR CATASTROPHIC EVENTS★★

EMERGENT TRAUMA RE-TRIAGE

1. Call 911 and request an EMERGENCY RESPONSE, ALS ambulance for Emergent Re-Triage to SFGH
2. Provide immediate life saving measures *(Airway management, hemorrhage control, tension pneumothorax, etc.)*
3. Call SFGH at 415-XXX-XXXX to notify the ED Attending in Charge (AIC) of the Trauma Re-Triage patient
   (Note: Imaging studies, EMTALA forms or patient records should not delay transport)

Indications for EMERGENT TRAUMA RE-TRIAGE:

Physiologic: SBP < 90 or need for high volume fluid resuscitation or blood to maintain BP; RR < 10 or > 29; GCS < 13 or GCS deteriorating by 2 or more during observation or blown pupil.

Anatomic: Penetrating injury to head, neck chest or abdomen; Extremity injury with evidence of ischemia or loss of pulses; all blunt trauma with suspected significant chest, abdominal or pelvic injury; flail chest; burns with trauma; two or more proximal long bone injuries; pelvic fractures; limb paralysis; amputation proximal to wrist or ankle; crushed, degloved, or mangled extremity; extremity injury with ischemia evident or loss of pulses; open / depressed skull fracture, multi-system trauma.

Other: Patients, who in the judgment of the evaluating emergency physician, are anticipated to have a high likelihood for emergent life or limb-saving surgery or other intervention within two (2) hours.

URGENT TRAUMA TRANSFER

1. Call SFGH at 415-XXX-XXXX and speak with ED Attending in Charge (AIC) to discuss patient status and request transfer. *These patients may require limited diagnostic procedures to discover abnormalities – upon findings of significant abnormalities, transfer should immediately be arranged and further extensive workup should not be necessary*
2. If transfer accepted, arrange for transport appropriate to patient's condition or potential need.
3. Prepare patient records and results of any imaging studies and send with the patient.

Indications for URGENT TRAUMA TRANSFER:

Physiologic: GCS < 14 with abnormal CT scan; Spinal cord or major vertebral injury; > 3 rib fractures and/or pulmonary contusion; widened mediastinum or other signs of great vessel injury on CXR; cardiac injury; unstable pelvic ring or pelvic ring disruption; solid organ injury confirmed by U/S or CT scan; 2 or more long bone fractures; suspected crush injury or compartment syndrome; signs of hypoperfusion (e.g. lactate > 4 or base deficit > 10), any pregnant trauma patients (>20 weeks), elderly (>65 yrs) with SBP < 110 and/or on major anticoagulants.

Concerning mechanisms of injury include: Ejection from vehicle; death of another passenger in the same compartment; prolonged extrication; intrusion into passenger space compartment; adult falls > 20 feet or pediatric fall >10; pedestrian vs auto; bike vs auto; motorcycle crash >20mph.

PLEASE NOTE: MEDICATION/INTERVENTIONS EXCEEDING PARAMEDIC SCOPE OF PRACTICE MUST BE STOPPED FOR TRANSFER OR AN EXTENDED SERVICE PROVIDER (MD/NP/PA/RN/CCT-PM) MUST ACCOMPANY THE PATIENT