



# MTAC Trauma Stabilization & Transfer

*F.H. "Sammy" Ross, Jr. Trauma Center*

**For Trauma Transfer contact: CMC Physician Connection Line (PCL)  
704-512-7878, Toll Free 877-262-6397 or Yellow Phone**

## Immediate Trauma Transfer Criteria

- GCS < 13 or deteriorating mental status
- Clinical evidence of shock (BP <90, HR >120)
- Clinical evidence of shock in child based on clinical exam
- Airway Compromise/Respiratory distress
- Penetrating Injury head, neck, chest, abdomen
- Tension Pneumothorax/Hemothorax
- Suspected intra-abdominal injury
- Chest Injury with abnormal CXR or SPO2 < 92%
- Spinal cord injury with neuro deficits
- Significant Burns (consider Burn Center Consult)
- Multiple long bone fractures
- Near or complete amputation proximal to wrist or ankle
- Crushed, degloved, or mangled extremity



Carolinas Medical Center

## Resuscitation & Treatment Prior to Transfer as Needed

- Airway
  - Intubation (post intubation CXR)
- Breathing
  - Chest tube placement
- Circulation
  - External Hemorrhage control
  - Large bore IV access x 2
  - BP < 90 2L crystalloid PRBC for refractory hypotension
  - Pediatric BP < 70 20ml/kg crystalloid x 3 10ml/kg PRBC for refractory hypotension
  - Consider Combat-Application-Tourniquet or similar for uncontrollable arterial extremity bleed
- C-spine (immobilize neck and spine for transfer for multi-trauma patient even if normal imaging)
- Radiology
  - AP chest radiograph
  - AP Pelvis if blunt torso trauma (wrap if open book fracture)

## Resuscitative and Transfer PEARLS

- Do**
- Start Transfer early (usually based just on physical exam). Use PCL for all transfer communications- request "trauma transfer" (CMC will arrange any specialist needs).
  - Ensure all lines and indwelling catheters are secure
  - Keep the patient warm
  - Send chart and CD ROM of films to trauma center
  - Follow ATLS guidelines. If patient is unstable send quickly to a trauma center not to radiology.
- Don't**
- Do CT scanning or extensive testing before transfer
  - Call local surgeon in the unstable patient before transfer unless they can operate IMMEDIATELY
  - Delay transfer for continued attempts at "stabilization"