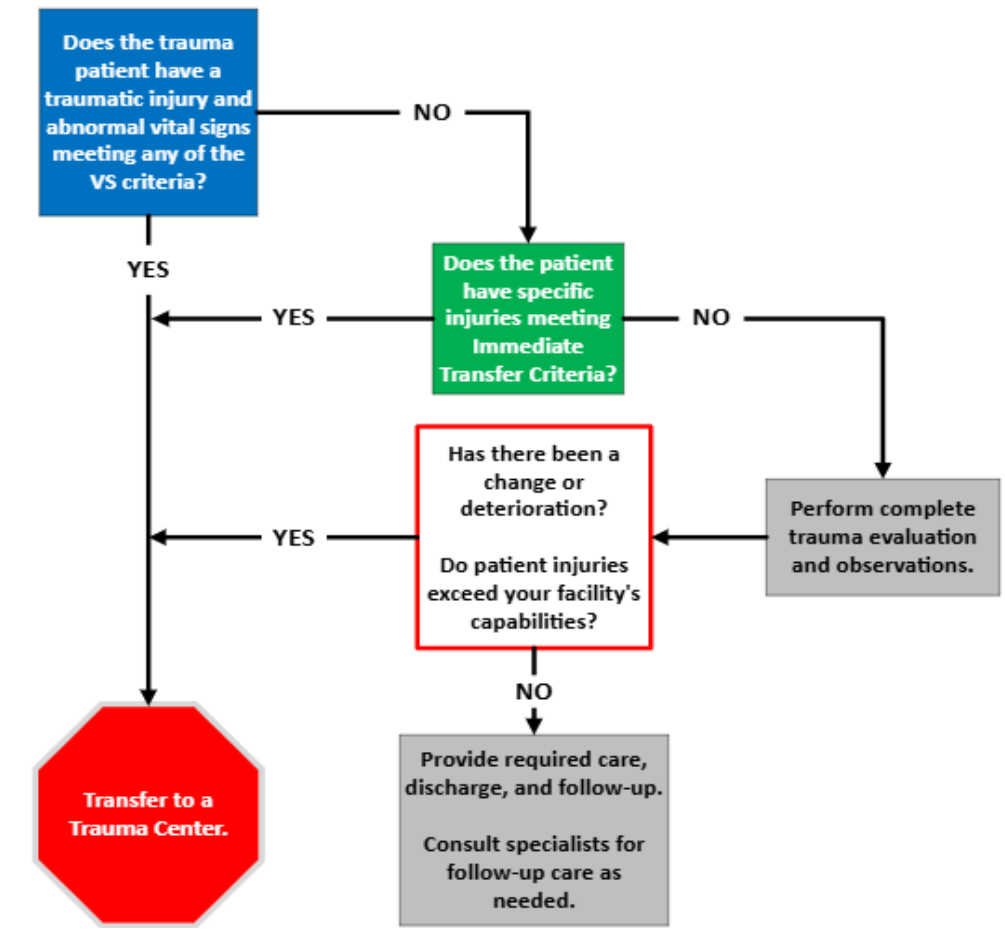
# Regional Adult Trauma Transfer Criteria and Management Guidelines

***This guideline does not replace clinical judgement****

Initial arrival at ED to Trauma Center arrival goals: Emergent (Immediate <2 hours) vs Urgent/Acute (~ within 6-8 hours) vs Routine/Scheduled (~12 hours)

MTAC
METROLINA TRAUMA ADVISORY COMMITTEE




## Trauma Vital Signs Transfer Criteria

**When found with suspected major traumatic injuries and obvious causes have been addressed *(i.e. pain)***

| Age | 15—17 years | Adult (>18 years) | Geriatric (>65 years) |
|---|---|---|---|
| HR | <60 or >120 | >120 | >90 |
| Sys BP | <90 | <90 | <110 |
| GCS | ≤13 | | |
| Peds | See Peds Trauma Transfer Guideline and facility specific guidelines | | |

*** Consider use of Shock Index *(HR/Systolic BP = Shock Index)* ***

## Trauma Pearls

- Protect Airway and C-Spine
- Place chest tube for PTX/HTX
- Early tourniquet use to control hemorrhage
- Splint any fractures, including traction splints for femurs, and use pelvic binders for open book pelvic fractures
- Fluids: 1 L crystalloid then blood *(1:1:1 if available)*
- Imaging: AP chest AND AP pelvis *(if injury suspected)*
- No need to CT or perform additional imaging if transfer is determined early during initial assessment unless requested by accepting Trauma Center
- Continue balanced resuscitation and keep patient warm
- Reevaluate interventions
- Anticoagulated? Consider reversal after consulting Trauma Center
- Severe burns and trauma? Treat the trauma first.

*References: American College of Surgeons Committee on Trauma (ACS COT); Best Practices Guidelines in Geriatric Trauma Management; Advanced Trauma Life Support (ATLS) 10th edition; National Guidelines for the Field Triage of Injured Patients; American Burn Association Guidelines for Burn Patient Referral; North Carolina State Trauma Advisory Committee (STAC) Statewide Implementation Guideline for Management of Minor Traumatic Brain Injury*

## Trauma Transfer Considerations

***DOES NOT REPLACE CLINICAL JUDGEMENT****

Unsure? Call for Consult

| Primary Survey Findings | |
|---|---|
| AIRWAY | Airway Compromise or High Risk for Airway Loss |
| BREATHING | Tension or Open PTX, HTX<br>Hypoxia, Hypoventilation |
| CIRCULATION | Hypotension (see Trauma VS chart)<br>Pelvic Fracture<br>Vascular Injury<br>Long Bone Open Fracture<br>Abdominal Distension |
| DISABILITY | GCS <13<br>Suspicion of Brain Injury: BIG 3 (see BIG criteria)<br>Evidence of Paralysis or Spinal Cord Injury<br>Consider intoxicated pt. who can't be evaluated |
| EXPOSURE | Severe Hypothermia |
| **Secondary Survey Findings** | |
| HEAD AND SKULL | Open or depressed skull fracture |
| MAXILLOFACIAL | Serious eye injury (i.e. open globe, globe rupture),<br>Open facial fracture or complex laceration<br>(may require Ophthalmology/Plastics consult) |
| NECK | Penetrating neck injury, suspicion of spinal cord injury or spinal deformity |
| ABDOMEN | Rebound tenderness, guarding, peritonitis |
| PERINEUM/RECTUM/VAGINA | Laceration |
| NEUROLOGIC | Deficits (isolated injury may require Ortho consult) |
| MUSCULOSKELETAL | Complex, open, or multiple fractures, unreducible dislocations, or bony spine injuries |
| OTHER FACTORS | Age, multiple comorbidities,<br>pregnancy (>20 weeks w/ ↑MOI), burn |

## Important Info to Share with Accepting Trauma Center

- **Identify as a TRAUMA patient to transfer center / call center**
  *Initial arrival at ED to Trauma Center arrival goals: Emergent (Immediate <2 hours) vs Urgent/Acute (~ within 6-8 hours) vs Routine/Scheduled (~12 hours)*
- Include Mechanism of Injury (MOI), not just the injury itself (ex. 70 yo M, fall from standing with SDH)
- Time of Injury, ED arrival Time, Mechanism of Injury, Major Injuries, Current VS
- Pertinent prehospital details (Highest HR, Lowest BP, Lowest GCS)
- Medications (doses and administration times)
- Major Interventions, TXA administration/Blood products given
- Pertinent labs or imaging done

*** Push any images to receiving Trauma Center (before calling if possible) ***

**Pediatric Trauma Transfer Guidelines**
(See Peds Guidelines)

**Brain Injury Guidelines (BIG)**
(Consult NSGY for treatment recommendations)

**Burn Transfer Guidelines**
(Consult Burn Center for treatment recommendations but always treat any trauma first)

**Reimplantation Guidelines**
(Amputations should only be transferred to reimplantation center)

## Trauma Center Transfer Information

| | | | | |
|---|---|---|---|---|
| **Atrium Health** | Carolinas Medical Center<br>Cabarrus<br>Cleveland | Level I<br>Level III<br>Level III | **Physician Connection Line (PCL)**<br>704-512-7878 (press 1)<br>877-492-9680 (press 1) | |
| **CaroMont Health** | CaroMont Regional Medical Center | Level III | 704-834-2266 | |
| **Novant Health** | Presbyterian Medical Center | Level II | **Doctor Connect Line**<br>888-599-2120 (press 1)<br>**Trauma Surgeon Direct**<br>704-614-7391 | |
| **Piedmont Medical Center** | Piedmont Medical Center | Level III | 803-265-3801<br>803-246-4110 | |