Administrative Policy		5302
Effective April 1, 2018	Expires March 31, 2019	
Policy: **Continuation of Trauma Care**	Approval: Medical Director **Reza Vaezazizi, MD**	Signed
Applies To: **Trauma System, EMS System**	Approval: REMSA Director **Bruce Barton**	Signed

PURPOSE

The purpose of this policy is to allow for the expedited transport and care of the critical trauma patient (CTP) that arrives to a non-trauma hospital Emergency Department. The CTP falls within the jurisdiction of the Riverside County EMS Trauma Plan and Trauma System per Title 22, as does the need for coordination of all health care organizations to facilitate the transfer of the CTP. The CTP shall be accepted from the non-trauma hospital by the closest Trauma Center, regardless of the Trauma Center's in-patient census/capacity. The only rationale for the closest Trauma Center to refuse the CTP transfer is due to the same criteria as outlined in the REMSA Policy for Ambulance Diversion.

This policy allows for two levels of triage, the CTP who needs immediate higher level of care and the Trauma patient who would benefit from higher level of care to a trauma center. Please refer to the REMSA Policy for Trauma Triage Indicators and Destination.

Trauma Triage Continuation of Care	
Critical Trauma Patient **Needs Immediate Higher Level of Care** **ED to ED**	**Trauma Patient, needs Higher Level of Care to** **In-House Trauma Services**
Vital Signs:	
Respiratory Compromise SBP less than 90 (greater than 70 y/o SBP less than 100) GCS less than or equal to 13	Within Normal Limits
CNS:	
Penetrating/depressed skull injury Open injury with or without CSF leak Deteriorating GCS or changes in neurological status	Stable Spinal Cord Injury Any head injury w/ combined face, chest, abdomen, or pelvis
CHEST:	
Widened mediastinum on initial XRAY Penetrating injury	Major chest wall injury or pulmonary contusion Prolonged ventilator requirements
ABDOMEN/PELVIS	
Any injury w/ associated Shock (SBP less than 90)	Unstable pelvic ring
EXTREMITIES	
Any injuries w/ associated shock (SBP less than 90)	Open long bone fracture Crush injuries or prolonged ischemia Loss of distal pulses
MULTI SYSTEM	
Any injury w/ associated shock	Possible Co-morbidities with associated traumatic injury: Less than 5, greater than 70 years of age, (RCRMC for Pediatrics) known anticoagulation/anti-platelet therapy pregnancy immunosuppression

Procedure for continuation of trauma care transport:

For Critical Trauma Patient:

The patient should be resuscitated and attempts made to stabilize for transport.

A. Referring Physician:

1. The physician initiating continuation of care transport should call the local ALS ambulance provider. When continuation of care has been initiated the ambulance provider will respond immediately to requesting facility code 3.

OR request the patient's current EMS crew to stand-by on premises for immediate transport of the patient to a trauma center. The stand-by of the EMS crew should not last longer than 20 minutes.

2. Notify directly the ED physician at the receiving Trauma Center. (see #4 for script.)

3. Coordinate diagnostics and interventions w/ receiving ED physician.

4. Suggested script, "This is Dr.____at ____hospital. I want to speak to the ED physician regarding a critical trauma patient for higher level of care***."*** ***(Do not use the word "transfer.")***

B. Information to Transporting Personnel:

Information concerning the patient's condition and needs during transport should be communicated to transporting personnel.

C. Documentation: DO NOT Delay Transport

1. All documents are sent including: problem, treatments, status at time of transfer, lab values, X-rays, personal belongings, and EMTALA higher level of care paperwork.

For Trauma Patient:

A. Referring Physician:

Contact closest Trauma Center, speak to accepting Trauma Surgeon.

(Per hospital policy or ED to ED)

B. Information to Transporting Personnel:

Information concerning the patient's condition and needs during transport should be communicated to transporting personnel.

C. Documentation:

All documents are sent including, problem, treatments, status at time of transfer, lab values, X-rays, personal belongings and EMTALA higher level of care paperwork.

D. Prior to Transfer:

The patient should be resuscitated and attempts made to stabilize in respect to ABCDE's.

E. Management during Transport.

Determine if patient needs CCT, ALS or BLS transport.

During transport, continued management of vital functions and continuous re-evaluation are essential.

Reference: American College of Surgeons; Rural Trauma Team Development Course