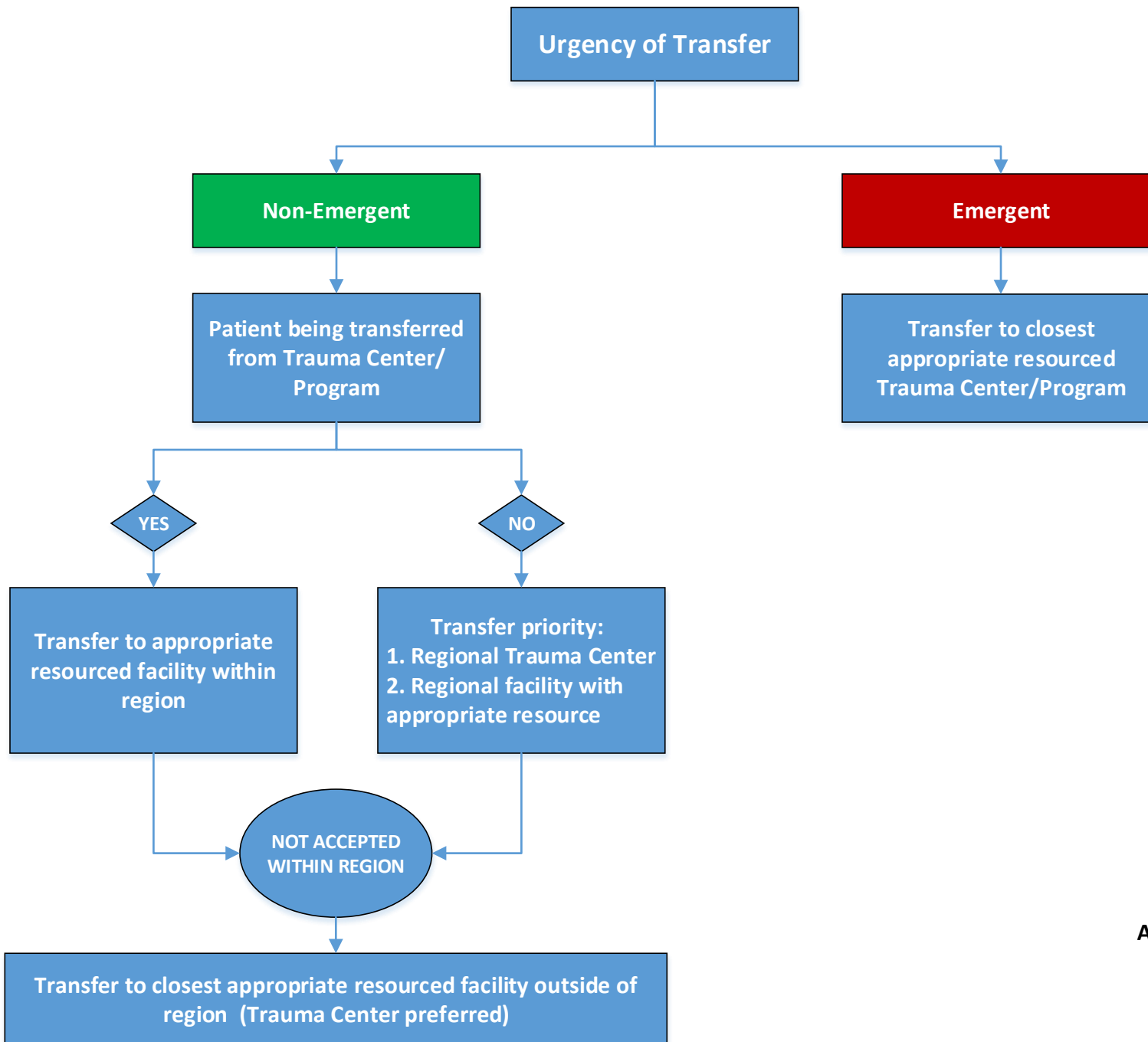


Adult patients with a trauma mechanism and requiring transfer



**Adult Transfer Protocol
TRAUMA**

EMERGENT

Patients with criteria similar to those in the anatomic and physiologic criteria of the pre hospital destination protocol or criteria below:

- GCS \leq 12, blown pupils, open skull fracture, or positive CT findings
- Spinal injury, new motor sensory loss, except for transverse process or spinous process fractures
- Persistent hypotension or requiring blood to maintain pressure
- Airway difficulties
- Penetrating injuries to the head, neck, chest, or abdomen
- Degloved, mangled, presence of a tourniquet or pulseless extremity
- Pelvic, acetabular, femoral shaft fracture or other complex orthopedic diagnoses (excluding isolated pubic rami fracture or hip)
- Diagnosed or suspected injuries which will require surgical services from trauma surgery (e.g. open abdominal wound, free air in abdomen, blood in abdomen, pericardial effusion, chest tubes, etc)
- Multiple system injuries which will require multiple services to manage e.g. Ortho and trauma surgery, trauma surgery and ENT (***Emergent unless injuries deemed stable by sending physician***)
- Patients with mechanism of injury which is high risk and there is concern that the workup is incomplete or there is risk of additional unidentified injury
- Open globe, entrapment, or need for canthotomy

NON-EMERGENT

Patients requiring further evaluation or requiring specialty services for a non life/limb threatening condition:

- Injuries greater than 18 hours old
- Isolated closed extremity fracture (excluding femur) from low mechanism (e.g. fall from standing, struck by blunt object at injury site)
- Isolated joint dislocation neurovascularly intact
- Stable isolated injuries as determined by the sending physician
- Craniofacial
- GCS \geq 13 without CT findings
- Other ophthalmologic injuries not listed above

Contact the appropriate receiving facility for transfer:

- Emergent patients transfers can only be declined with physician to physician consult.
- Bed Hold is not accepted for status emergent patients and require physician to physician consult. Continue to find placement at an alternate facility.
- Bed Hold will be accepted for non-emergent patients if the anticipated hold time < 6 hours.
- If patient accepted but placed on "Bed Hold" advise sending facility of placement and to contact LCC if patient condition changes, hold is > 6 hours, or other circumstance arises. LCC will attempt to seek placement at one additional facility at sending physician's request. If unable to place patient the LCC will honor the "Bed Hold".