

NOTICE OF INTENT

**Department of Health and Hospitals
Emergency Response Network**

LERN Destination Protocol: TRAUMA (LAC 48:I.19123)

Notice is hereby given that the Louisiana Emergency Response Network Board has exercised the provisions of R.S. 49:950 et seq., the Administrative Procedure Act, and intends to codify in LAC 48:I.Chapter 191, Section 19123, a protocol adopted and promulgated on August 18, 2022, by the Louisiana Emergency Response Network Board for the transport of trauma and time sensitive ill patients, adopted by authorized by R.S. 9:2798.5 (to replace the protocol adopted by December 10, 2015, codified in LAC 42:904 (December 10, 2015)) as LAC 48:I.Chapter 191, Section 19123. The rule will be effective January 1, 2023.

Title 48

PUBLIC HEALTH—GENERAL

Part I. General Administration

Subpart 15. Emergency Response Network

Chapter 191. Trauma Protocols

§19123. LERN Destination Protocol: TRAUMA

A. On August 18, 2022, the Louisiana Emergency Response Network Board [R.S. 40:2842(1) and (3)] adopted and promulgated “LERN Destination Protocol: TRAUMA”, and replacing the “LERN Destination Protocol: TRAUMA” adopted and promulgated December 10, 2015, as follows:

1. Call LERN Communication Center at (866) 320-8293 for patients meeting the following criteria.

Assess for Extremis		
<ul style="list-style-type: none"> Unmanageable airway Tension pneumothorax Traumatic cardiac arrest Burn patient without patent airway Burn patient > 40 percent BSA without IV or IO Access 	Yes→	Closest ED/Trauma Center
No ↓		
Measure vital signs and Mental Status		
<ul style="list-style-type: none"> Unable to follow commands (Motor GCS < 6) RR <10 or > 29 breaths per minute (<20 in infant aged <1 year) Respiratory distress or need for support Room air pulse oximetry <90% Age 0-9: SBP <70 mmHG + (2 x age in years) Age 10-64: SBP <90 mmHG or HR > SBP Age ≥ 65: SBP <110 mmHG or HR > SBP 	Yes→	Transport to Trauma Center/Trauma Program These patients should be transported to the highest level of care within the defined trauma system. This is a Level 1 or a Level 2 Trauma Center or Trauma Program. <i>* If distance or patient condition impedes transport to Level 1 or 2, consider transport to a Level 3 Trauma Center/Trauma Program or most appropriate resourced hospital.</i>
No ↓		
Assess Injury Patterns		

<ul style="list-style-type: none"> All penetrating injuries to head, neck, torso, and extremities proximal to elbow or knee Chest wall instability or deformity or suspected flail chest Suspected fracture of two or more proximal long-bones Crushed, de-gloved, mangled, or pulseless extremity Amputation proximal to wrist or ankle Suspected pelvic fracture Skull deformity or suspected skull fracture Suspected spinal injury with new motor or sensory loss Active bleeding requiring a tourniquet or wound packing with continuous pressure 	Yes→	Transport to Trauma Center/Trauma Program These patients should be transported to the highest level of care within the defined trauma system. This is a Level 1 or a Level 2 Trauma Center or Trauma Program. <i>* If distance or patient condition impedes transport to Level 1 or 2, consider transport to a Level 3 Trauma Center/Trauma Program or most appropriate resourced hospital</i>
No ↓		
Assess mechanism of injury		
<ul style="list-style-type: none"> Falls from height >10 feet (all ages) High-risk auto crash -- Intrusion, including roof: <ul style="list-style-type: none"> 12 inches occupant site; 18 inches any site; need for extrication for patient entrapped Ejection (partial or complete) from automobile Death in the same passenger compartment Child (Age 0-9) unrestrained or in unsecured child safety seat Vehicle telemetry data consistent with a high risk of injury Auto vs. pedestrian/bicyclist thrown, run over, or with significant (>20 mph) impact Rider separated from transport vehicle with significant impact (ex: motorcycle, ATV, Horse, etc.) 	Yes→	Transport to Trauma Center/Trauma Program which, depending upon the defined trauma system, need not be the highest level trauma center/program. If no Trauma Center/Trauma Program in the region, LCC may route to the most appropriate resourced hospital.
No ↓		
Assess special patient or system considerations		
<ul style="list-style-type: none"> Older Adults - Age ≥ 65 with evidence of traumatic injury - Fall from any height with evidence of significant head impact 	Yes→	Transport to Trauma Center/Trauma Program or hospital capable of timely and thorough evaluation and initial management of potentially serious injuries. Consider

<ul style="list-style-type: none"> - Use of anticoagulant or antiplatelet drugs • Children <ul style="list-style-type: none"> - Age ≤ 5 with evidence of traumatic injury - Fall from any height with evidence of significant head impact • Burns <ul style="list-style-type: none"> - In conjunction with trauma - High voltage electrical injuries • Pregnancy >20 weeks • Major joint dislocations (hip, knee, ankle, elbow) • EMS provider judgment 		consultation with medical control.
No ↓		
Multi/Mass Casualty Incident	No→	Transport according to protocol

Provider Impact Statement

In compliance with House Concurrent Resolution (HCR) 170 of the 2014 Regular Session of the Louisiana Legislature, the provider impact of this proposed Rule has been considered. It is anticipated that this proposed Rule will have no impact on the staffing level requirements or qualifications required to provide the same level of service, and no increase on direct or indirect cost. The proposed Rule will have no impact on the provider's ability to provide the same level of service as described in HCR 170.

Public Comments

Interested persons may submit written comments relative to the proposed Rule until 4:30 p.m., Monday, December 10, 2022 to Paige Hargrove, Louisiana Emergency Response Network, 14141 Airline Hwy., Suite B, Building 1, Baton Rouge, LA 70817, or via email to paige.hargrove@la.gov.

Paige Hargrove
Executive Director

1. When in doubt, transport to a trauma center.

AUTHORITY NOTE: Promulgated in accordance with R.S. 9:2798.5 and R.S. 40:2846(A).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Emergency Response Network, LR 42:

Family Impact Statement

1. What effect will these rules have on the stability of the family? The proposed Rule will not affect the stability of the family.

2. What effect will this have on the authority and rights of persons regarding the education and supervision of their children? The proposed Rule will not affect the authority and rights of persons regarding the education and supervision of their children.

3. What effect will this have on the functioning of the family? This Rule will not affect the functioning of the family.

4. What effect will this have on family earnings and family budget? This Rule will not affect the family earnings or family budget.

5. What effect will this have on the behavior and personal responsibility of children? This Rule will not affect the behavior or personal responsibility of children.

6. Is the family or local government able to perform the function as contained in this proposed Rule? No, the proposed Rule will have no impact.

Poverty Impact Statement

The proposed rulemaking will have no impact on poverty as described in R.S. 49:973.

Small Business Analysis

The impact of the proposed amendment to Section 9119 of the Rule on small business has been considered and it is estimated that the proposed action is not expected to have a significant adverse impact on small business as defined in the Regulatory Flexibility Act. The agency, consistent with health, safety, environmental and economic welfare factors has considered and, where possible, utilized regulatory methods in the drafting of the proposed Rule that will accomplish the objectives of applicable statutes while minimizing the adverse impact of the proposed Rule on small business.