	B04.2 - TRAUMA DESTINATION FOR PMH GEOGRAPHIC AREA	
	Version date: 2025-05-05	Effective Date: 2025-05-13 (07:00)
EMR / PCP / ICP / ACP		ALL AGES

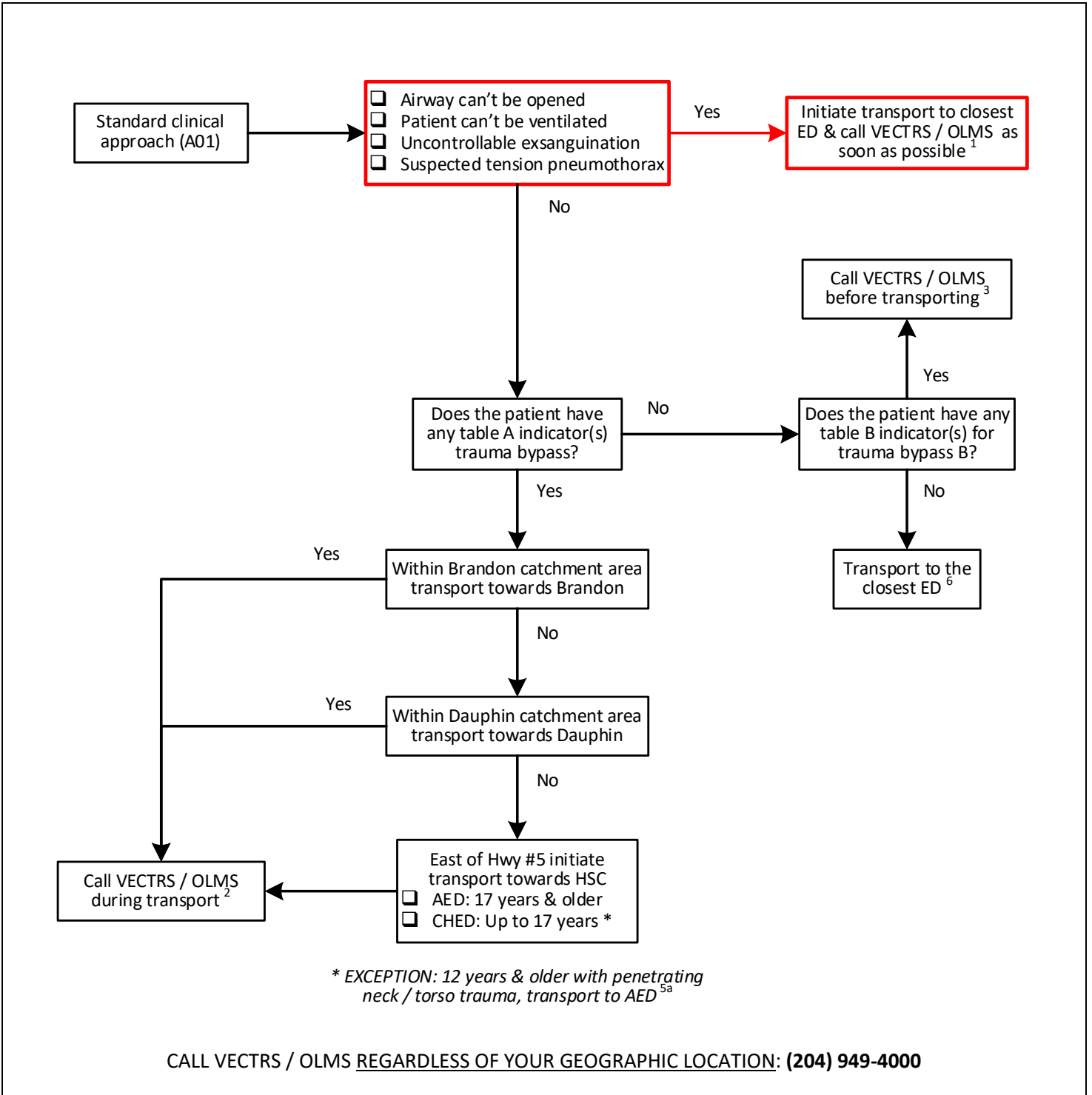


TABLE A: INDICATORS FOR BYPASS TO TRAUMA CENTER ²

ANATOMICAL

PENETRATING INJURIES:

- Head or neck
- Chest, shoulder, or axilla
- Abdomen or groin
- Extremities proximal to elbow or knee

BLUNT INJURIES:

- **CHEST:**
 - Flail chest
 - Sucking chest wound
 - Tension pneumothorax
- **PELVIS / EXTREMITY:**
 - Two or more long bone fractures proximal to elbow or knee (eg. humerus & femur)
 - Open fracture or open dislocation
 - Fracture or dislocation with no pulse in affected limb
 - Major amputation of extremity proximal to wrist or ankle
 - Crushed, de-gloved, mangled, or pulseless extremity
 - Major extremity hemorrhage (requiring tourniquet to control bleeding)
 - Open book pelvic fractures / injuries
- **HEAD / SPINE:**
 - Paraplegia or quadriplegia
 - Open or depressed skull fracture(s)
 - Focal neurological deficit with evidence of head trauma

MAJOR BURNS:

- Body surface area greater than 20% (any thickness)
- Critical location (face, neck, hands, feet, perineum)
- Potential airway involvement
- High voltage electrical burns

OTHER:

- Pregnancy greater than 20 weeks gestation with any apparent injury (excluding minor extremity injuries)

PHYSIOLOGICAL

UNSTABLE VITAL SIGNS:

- GCS less than or equal to 13 with evidence of head trauma
- SBP less than 90 mmHg (adult)
- Heart rate greater than 120 beats per minute (adults)
- RR less than 10 or greater than 29 breaths per minute (12 months or older)
- RR less than 20 breaths per minute in infants (up to 12 months)

TABLE B: MOI INDICATORS / SPECIAL CONSIDERATIONS FOR POSSIBLE BYPASS TO TRAUMA CENTER ³**FALLS:**

- Adults - greater than 10 feet or one building story
- Children - greater than two times the height of the child

HIGH-ENERGY AUTO COLLISION:

- Intrusion into occupant site (passenger compartment) greater than 12 inches
- Intrusion into any site on the vehicle greater than 18 inches
- Ejection (partial or complete) from automobile
- Death in the same passenger compartment
- Vehicle telemetry data consistent with high risk of injury

AUTO VERSUS PEDESTRIAN / CYCLIST:

- Victim thrown or run-over
- Impact between vehicle and victim greater than 30 kilometers per hour
- Motorcycle crash greater than 30 kilometers per hour (without controlled slide)

SPECIAL CONSIDERATIONS:

- Patients on anticoagulants, or with bleeding disorders (e.g., Hemophilia, von Willebrand's disease)
- Pregnancy greater than 20 weeks gestation without apparent injury
- Significant injury in the same passenger compartment

INDICATIONS

- Major trauma where the incident has occurred within the geographic boundaries of the Prairie Mountain Health (PMH) regional health authority.

WARNINGS

- Not applicable

NOTES

1. Transport to the closest emergency department (ED) regardless of physician availability or a redirection advisory, and call the Virtual Emergency Care & Transport Resource Service (VECTRS) as soon as possible. They will provide online medical support (OLMS) if there is no local physician available. Paramedics must remain with the patient for possible emergency ground transport after stabilization.



NOTE: Survival is measured in minutes. If any of these critical situations cannot be resolved with the personnel, equipment, and expertise available on scene, transport to a higher level of care / better-resourced environment is the next best option. For most patients the benefits of additional "hands", a stable treatment platform, and reliable communications outweigh the disadvantage of no physician.

2. **INDICATORS FOR TRAUMA BYPASS (TABLE A):** Call VECTRS as soon as possible during transport. VECTRS / OLMS may consult the transport physician / air medical crew for a possible air intercept. They will provide trauma team activation (TTA) when transporting to the Health Sciences Center (appendix A contains the information required for TTA), or trauma pre-alert if transporting to a Regional or local hospital.

3. **INDICATORS FOR POSSIBLE TRAUMA BYPASS (TABLE B):** Call VECTRS before transporting. VECTRS / OLMS may direct you to a Regional or local ED for the initial assessment.
4. The north / south divide between the Dauphin and Brandon catchment areas follows a course north of Russell along the southern boundary of Riding Mountain National, and south of McCreary. Note that within the southern parts of Riding Mountain National Park (e.g. Clear Lake) road and weather conditions may require transport south to Brandon (appendix B). *EXAMPLE: McCreary and Inglis fall within the Dauphin catchment area.*

The east / west divide between the Brandon and Winnipeg catchment areas is just to the east of Provincial Highway #5 (appendix B). *EXAMPLE: Russell, Riding Mountain and Neepawa, fall within the Brandon catchment area.*
5. All patients 17 years and older will be transported to the Health Sciences Center (HSC) Adult Emergency Department (AED). Except as noted below, all patients up to 17 years of age will be transported to the HSC Children’s Emergency Department (CHED).
 - a. All patients 12 years and older with penetrating trauma to the neck, chest, axilla, abdomen, pelvis or groin will be transported to the AED.
 - b. Patients from 12 up to 17 years of age with penetrating trauma to the head or limbs will be transported to CHED.
6. Except for exigent circumstances, a patient who does not meet any of the table A or table B criteria must be transported to the closest ED for an initial assessment. If the patient subsequently requires an interfacility transfer (IFT) for further care, VECTRS will triage and prioritize the transport along with all other IFT requests.

LINKS
<ul style="list-style-type: none"> • A01 - Standard Clinical Approach

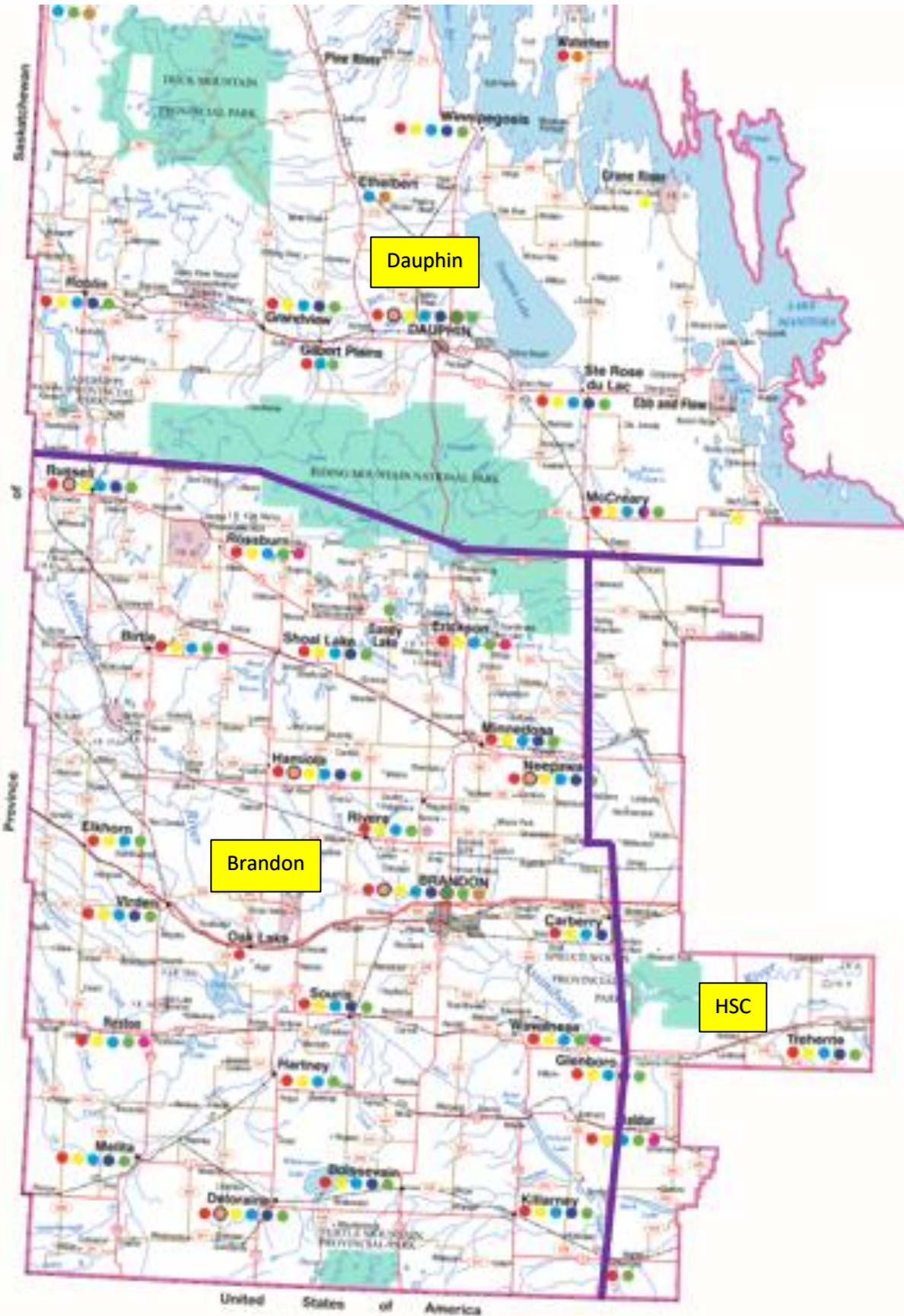
APPROVED BY / CAUTIONS	
	
EMS Medical Director	EMS Associate Medical Director

VERSION CHANGES (refer to X02 for change tracking)
<ul style="list-style-type: none"> • Clarification that penetrating head or limb trauma will be transported to Children’s ED, not Adult ED • Clarification that patients who do not meet table A or B criteria are not candidates for bypass to another facility • Simplified notes

APPENDIX A - INFORMATION REQUIRED FOR TRAUMA TEAM ACTIVATION (TTA)

- Name
- Date of birth
- Personal health information number (PHIN)
- Age / gender
- Mechanism of injury (*blunt versus penetrating*)
- GCS
- HR
- BP
- RR
- SaO₂ (*indicate if supplemental O₂ required*)
- Glucose (*if relevant*)
- Scene location
- Estimated transport time to trauma center or closest ED
- Brief description of injuries
- Brief summary of prehospital actions and interventions

APPENDIX B - CATCHMENT AREAS FOR TRAUMA TEAM ACTIVATION IN THE PRAIRIE MOUNTAIN HEALTH REGION



B04.2 - Trauma Destination (PMH)