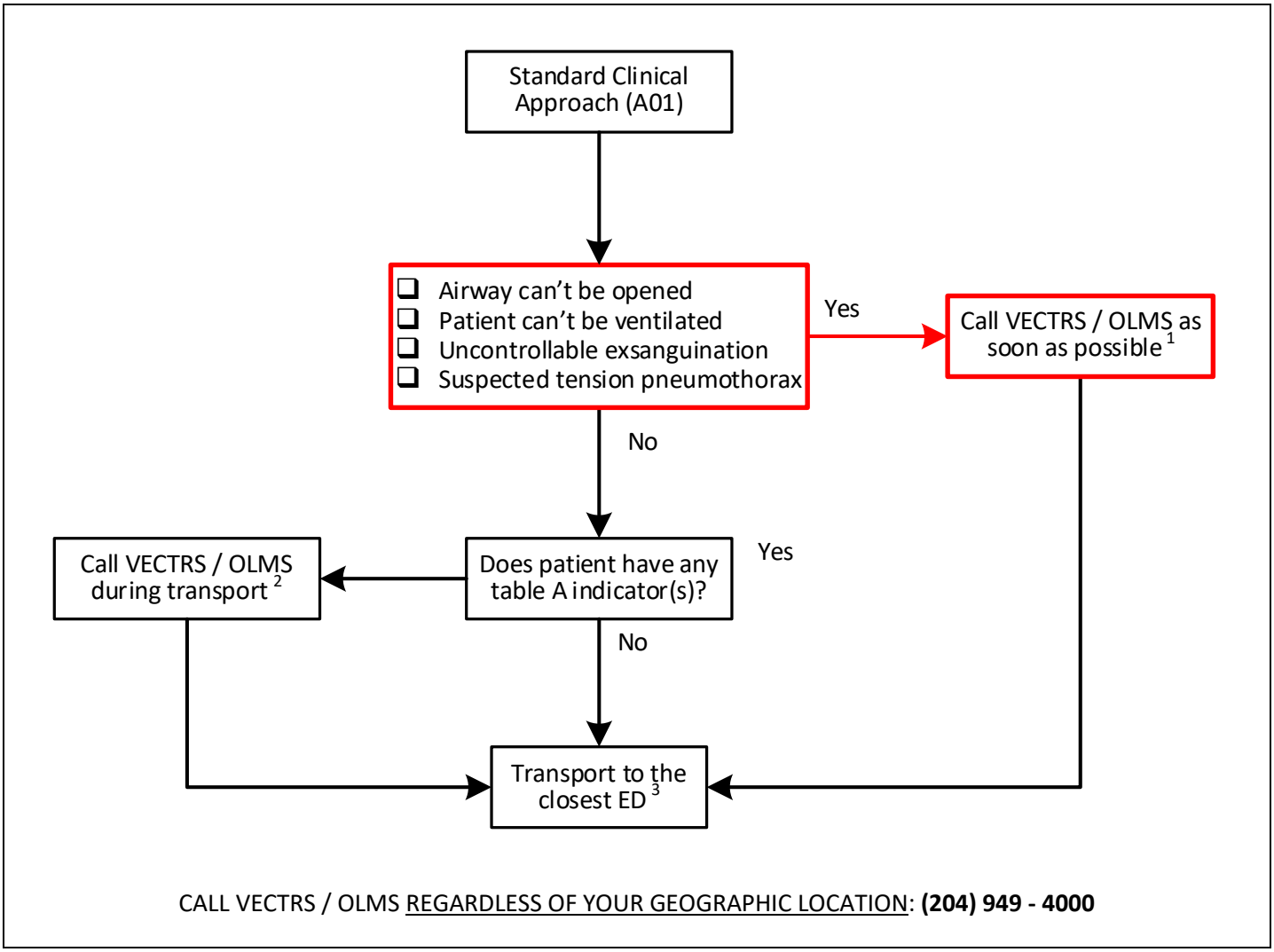
Shared health Soins communs Manitoba	B04.3 - TRAUMA DESTINATION FOR NRHA GEOGRAPHIC AREA	
	Version date: 2025-05-05	Effective Date: 2025-05-05 (07:00)
EMR / PCP / ICP / ACP	ALL AGES	



CALL VECTRS / OLMS REGARDLESS OF YOUR GEOGRAPHIC LOCATION: **(204) 949 - 4000**

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 Northern Regional Health Authority (NRHA)

WARNINGS

- Not applicable

NOTES

1. Transport to the closest emergency department (ED) or nursing station (NS) 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 or nurse practitioner 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):** Initiate transport to the closest ED or NS. Call VECTRS as soon as possible during transport and indicate that you have a "major trauma patient who meets trauma bypass criteria".

These patients will invariably require assessment at a facility with the capacity to investigate and manage major trauma, such as the Health Sciences Center (HSC) in Winnipeg or a larger Regional hospital. VECTRS / OLMS may consult the transport physician / air medical crew for a possible air intercept, and may direct you to an alternate destination for initial stabilization or pickup.

3. **INDICATORS FOR POSSIBLE TRAUMA BYPASS (TABLE B):** Initiate transport to the closest ED or NS. You do not need to call VECTRS / OLMS routinely, but may consult them at any time for clinical and destination decision support.
4. 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 or NS 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
• A01 - Standard Clinical Approach

APPROVED BY	
	
EMS Medical Director	EMS Associate Medical Director

VERSION CHANGES (refer to X02 for change tracking)
• Revised flow chart and notes more applicable to North Zone needs

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

- Patient name
- Date of birth
- Personal health information number (PHIN)
- Age / gender
- Mechanism of injury *(blunt versus penetrating)*
- GCS
- HR
- BP
- RR
- SaO_2 *(indicate if supplemental O_2 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