	B04.3 - TRAUMA DESTINATION FOR NRHA GEOGRAPHIC AREA	
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EMR / PCP / ICP / ACP		ALL AGES

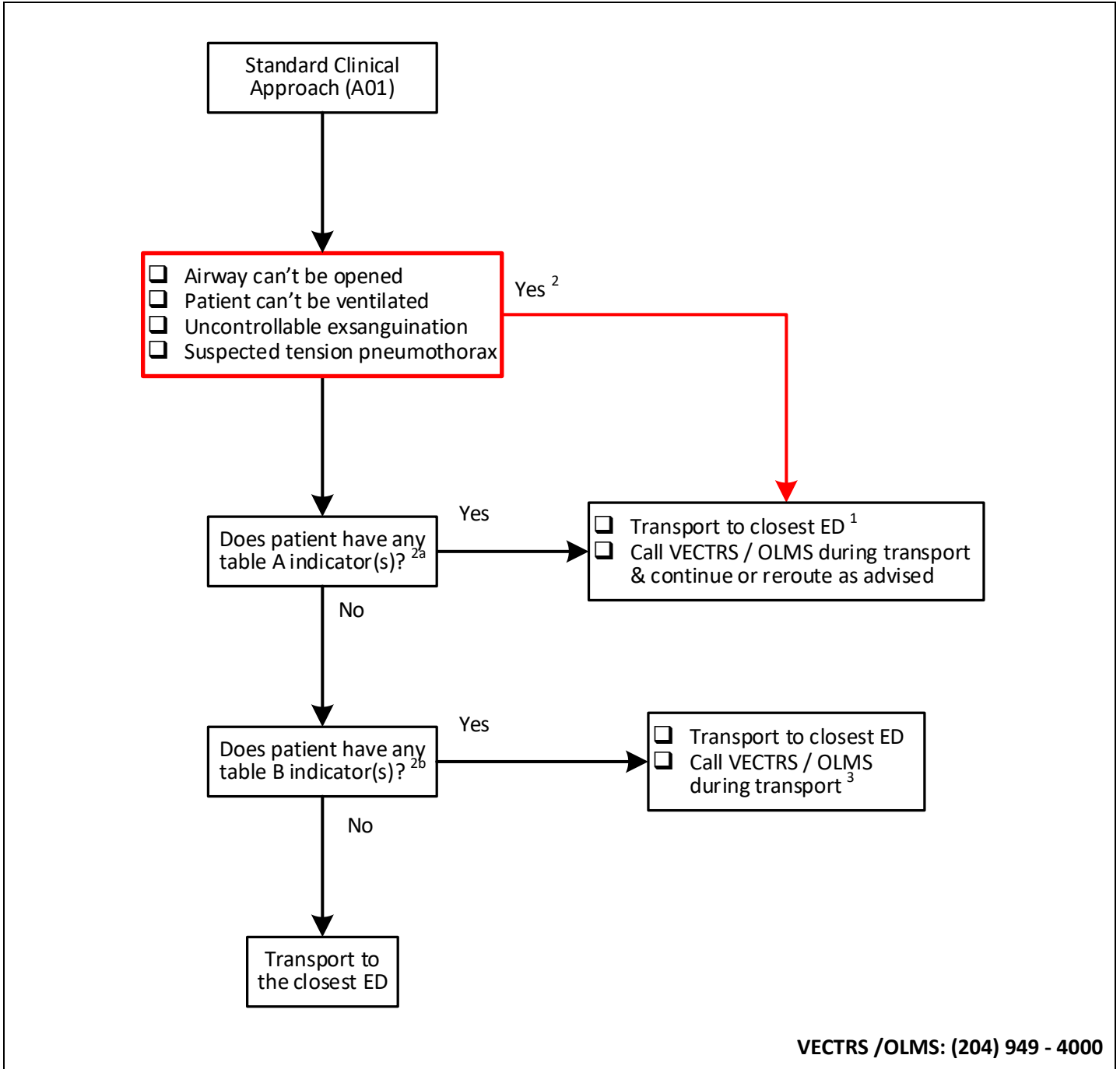


TABLE A: INDICATORS FOR TRANSPORT TO TRAUMA CENTER ^{2a}**ANATOMICAL****PENETRATING INJURIES:**

- 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 TRANSPORT TO TRAUMA CENTER ²**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) regardless of physician availability or a redirection (diversion) advisory. In these critical situations survival is measured in minutes. If they cannot be resolved with the personnel, equipment, and expertise available on scene, emergency transport to a higher level of care or a better-resourced environment will be required. For most patients the benefits of additional "hands", a stable treatment platform, and reliable communications outweigh the disadvantage of no physician.

As soon as possible contact VECTRS. VECTRS will provide on line medical support (OLMS) if no local physician is available. Paramedics will remain with the patient for possible emergent ground transport.

VECTRS may conference in the transport physician and air medical crew for consideration of the immediate launch of Lifeflight.
2. Contact VECTRS and indicate that you have a *major trauma patient who meets bypass criteria* for any patient(s) with any indicator(s) listed in tables A or B, regardless of your geographic location.

- a. Patients with any anatomical or physiological indicator(s) listed in table A require assessment by the trauma team at the Health Sciences Center (HSC). Initiate transport as indicated and call VECTRS as soon as possible during transport. VECTRS will provide the TTA and/ or trauma pre-alert.
 - b. Patients with any mechanism of injury (MOI) indicator(s) or special consideration(s) listed in table B *may* require assessment by the HSC trauma team. During transport, call VECTRS. VECTRS may direct you to a Regional or local ED for initial assessment before possible secondary interfacility transfer (IFT) to the trauma center. VECTRS will provide the trauma pre-alert.
3. Paramedics must also notify the Virtual Emergency Care & Transport Resource Service (VECTRS) as soon as possible. VECTRS will provide a trauma team activation (TTA) if the patient will eventually be transported to the Provincial trauma center, or a trauma pre-alert if transporting to an alternate destination. Appendix A contains the information required by VECTRS for TTA / pre-alert and hospital preregistration.
- VECTRS may conference in the TP and air medical crew (AMC) for consideration of the urgent Lifeflight launch. Paramedics may be directed to an alternate location for rendezvous.
- 4.

LINKS

- A01 - Standard Clinical Approach

APPROVED BY



EMS Medical Director



EMS Associate Medical Director

VERSION CHANGES (refer to X02 for change tracking)

- Addition of ACP work scope indicator

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
- 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