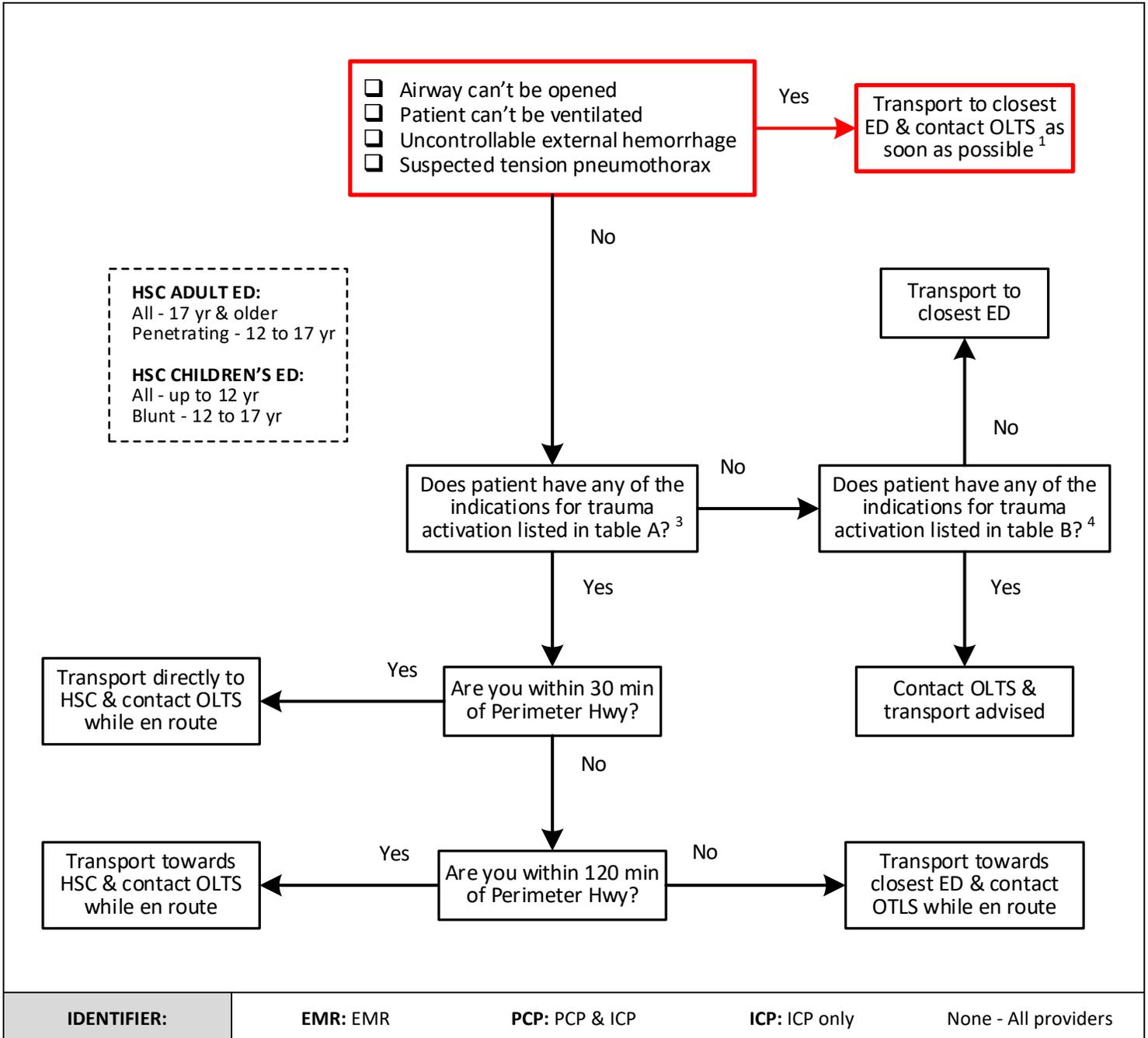


	<b>B04.1 - TRAUMA DESTINATION FOR IERHA &amp; SHSS GEOGRAPHIC AREAS</b>	
	All ages	DESTINATION
Version date: 2023-11-14		Effective Date: 2024-02-13 (0700 hrs)



**TABLE A: INDICATORS FOR TRANSPORT TO TRAUMA CENTER <sup>3</sup>**

**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 <sup>4</sup>****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 Interlake-Eastern Regional Health Authority (IERHA) or the Southern Health - Santé Sud regional health authority

**CONTRAINDICATIONS**

- Not applicable

**NOTES**

1. Transport to the closest emergency department (ED) regardless of physician availability or redirection status. Paramedics can over-ride a redirection advisory (diversion) for these critical conditions. Contact on-line trauma support (OLTS) as soon as possible.  
  
Survival is measured in minutes. If these 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.
2. Consult OLTS for all trauma patients who meet any of the criteria in tables A or B regardless of your geographic location. Appendix A contains the information required from paramedics for trauma activation and patient pre-registration.

3. Patients with any of the anatomical or physiological indicators listed in table A require assessment by the trauma team at the Health Sciences Center (HSC).
  - a. If you are within 30 minutes of the Perimeter Highway proceed directly to HSC and contact OLTS as soon as possible during transport.
  - b. If you are 30 to 120 minutes from the Perimeter Highway initiate transport towards HSC and contact OLTS as soon as possible during transport. You may be redirected to an alternate destination for air intercept.
  - c. If you are beyond 120 minutes initiate transport towards the closest ED. Consult OLTS as soon as possible while transporting and continue to destination, or redirect as advised. You may be directed to an alternate destination for stabilization or air intercept.
4. Patients with any of the mechanism of injury indicators (MOI) or special consideration listed in table B may require assessment by the HSC trauma team. OLTS may direct you to an alternate destination for an initial medical assessment.
5. Contact OLTS if an initially stable patient subsequently develops any of the physiological criteria in table A, or otherwise shows signs of deterioration. You may be redirected to an alternate destination.

LINKS
<ul style="list-style-type: none"> <li>• B01 - STANDARD DESTINATION</li> <li>• B02 - REDIRECTION ADVISORY</li> <li>• B03 - DESTINATION WHEN CLOSEST ED IS IN WINNIPEG</li> <li>• F01 - TRAUMA</li> </ul>



APPROVED BY	
	
EMS Medical Director	EMS Associate Medical Director

**VERSION CHANGES (refer to X02 for change tracking)**

- Retitled
- Paramedics will contact OLTS

**APPENDIX A - INFORMATION REQUIRED FOR TRAUMA TEAM ACTIVATION**

- Age
- Gender
- Mechanism of injury (*blunt versus penetrating*)
- GCS
- HR
- BP
- RR
- SaO<sub>2</sub> (*indicate if supplemental O<sub>2</sub> 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
- Patient identifiers (*as many as possible of name / DOB / PHIN*)