

<p>7</p> 	B04.2 - TRAUMA DESTINATION FOR PMH GEOGRAPHIC AREA	
	All ages	DESTINATION
Version date: 2023-11-14		Effective Date: 2024-02-13 (0700)

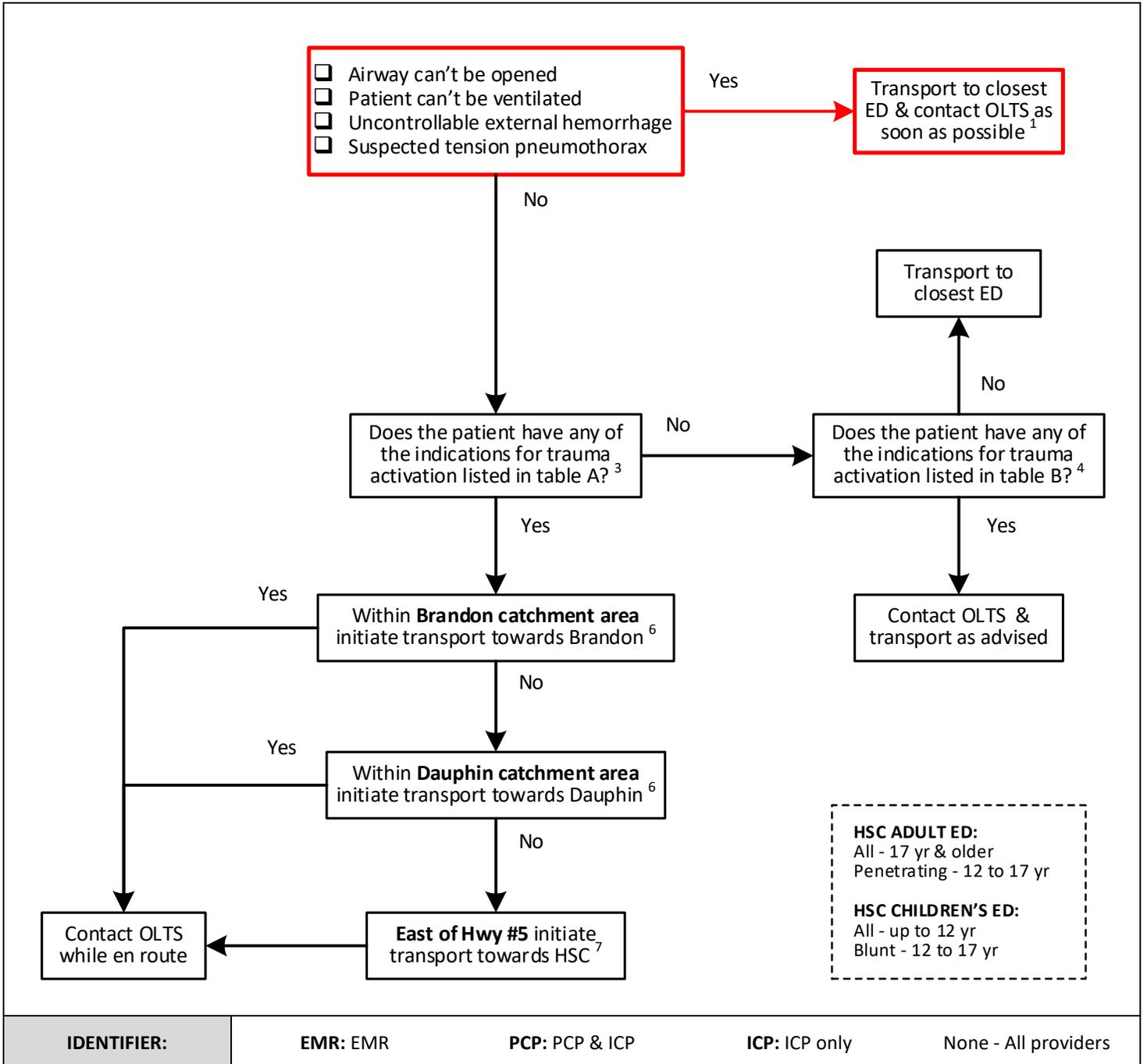


TABLE A: INDICATORS FOR DIRECT TRANSPORT TO TRAUMA CENTER ³**ANATOMICAL****PENETRATING INJURIES:**

- 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 DIRECT TRANSPORT TO TRAUMA CENTER ⁴**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.

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 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 for trauma activation and patient pre-registration.
 - 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). Initiate transport as indicated. Contact 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.

3. Patients with any of the mechanism of injury (MOI) indicators or special considerations 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.
4. 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.
5. 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 (eg. Clear Lake) road and weather conditions may require transport south to Brandon (appendix B).

EXAMPLE: McCreary and Inglis fall within the Dauphin catchment area.

6. 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.

LINKS
<ul style="list-style-type: none"> • B01 - STANDARD DESTINATION • B02 - REDIRECTION ADVISORY • F01 - TRAUMA

APPROVED BY	
	
EMS Medical Director	EMS Associate Medical Director

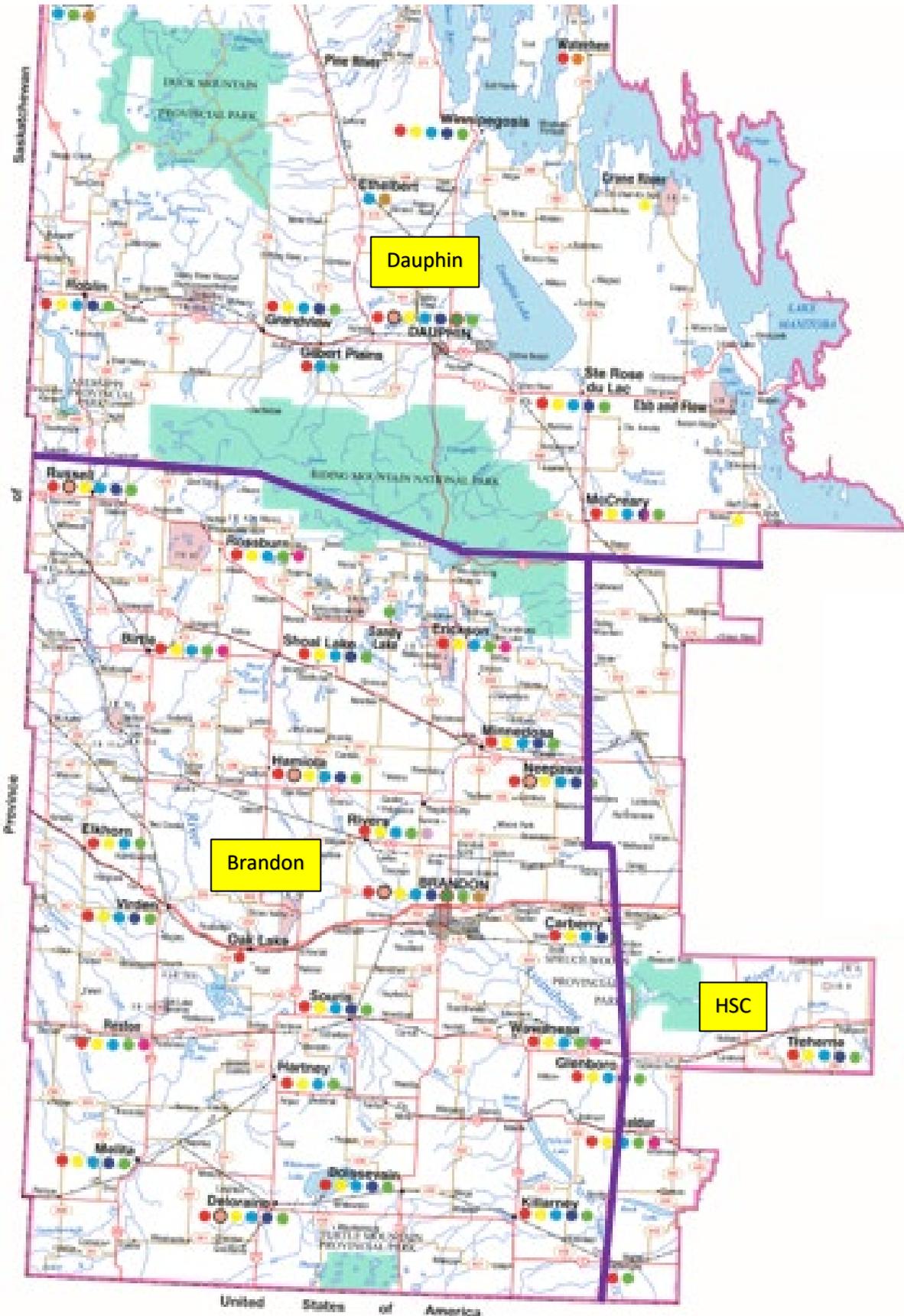
VERSION CHANGES (refer to X02 for change tracking)

- 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
- 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
- Patient identifiers (*as many as possible of name / DOB / PHIN*)

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



B04.2 - TRAUMA DESTINATION (PMH)