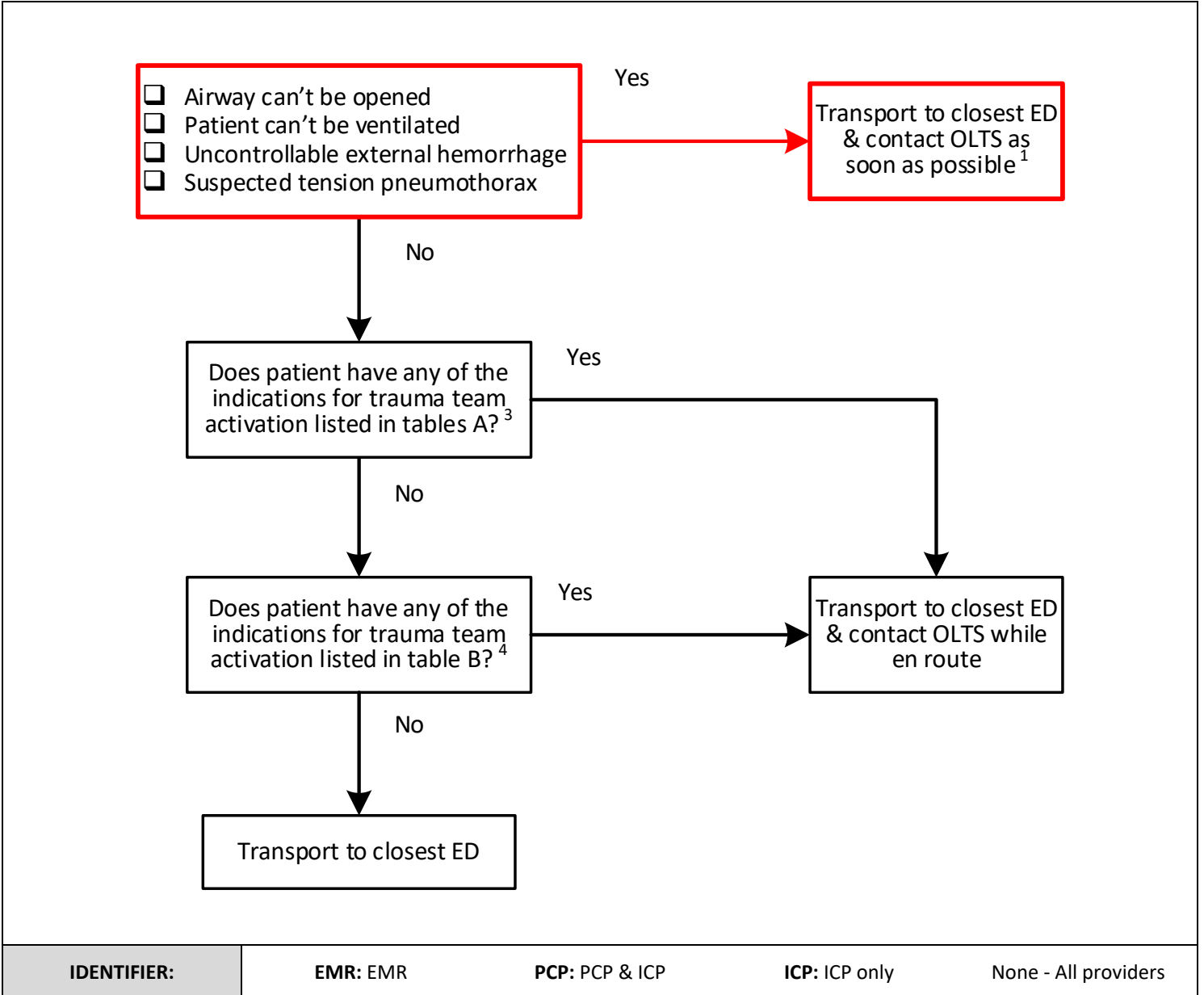
	B04.3 - TRAUMA DESTINATION FOR NRHA GEOGRAPHIC AREA	
	All ages	DESTINATION
Version date: 2024-04-10		Effective Date: 2024-05-15 (0700)



IDENTIFIER:	EMR: EMR	PCP: PCP & ICP	ICP: ICP only	None - All providers
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TABLE A: INDICATORS FOR 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 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 Northern Regional Health Authority (NRHA)

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 MTCC and request **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. Contact MTCC and request OLTS for all trauma patients who meet any of the criteria in tables A or B regardless of your geographic location. Where indicated OLTS will conference in the transport physician (TP) for consideration of fixed-wing intercept or to expedite interfacility transport (IFT). OLTS will provide trauma team activation (TTA) to HSC emergency personnel as required.

Appendix A contains the information required trauma activation and patient pre-registration.

3. Patients with any of the anatomical or physiological indicators listed in table A will require assessment by the trauma team at the Health Sciences Center (HSC). Initiate transport towards the closest ED and consult OLTS as soon as possible while during transport. You may be directed to an alternate destination for initial stabilization or intercept.
4. Patients with any of the mechanism of injury indicators 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.

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)
<ul style="list-style-type: none"> • Clarification to call MTCC and request 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*)