

ALAMEDA COUNTY TRAUMA RE-TRIAGE PROCEDURE / CRITERIA (ADULT)

TRAUMA RE-TRIAGE PROCEDURE (ADULT)

Step 1	Determine level of severity	Emergency re-triage vs. Urgent re-triage (see below)
Step 2	Contact Trauma Center & Transport Provider	EMERGENCY LEVEL RE-TRIAGE – Simultaneously: Call 911 to request a “ Code 3 Ambulance ” for emergent transport. Contact Trauma Center for patient acceptance stating “ Emergency trauma re-triage ” URGENT RE-TRIAGE – Contact trauma center below as noted for acceptance. Contact appropriate transport agency (911, CCT-P, CCT-RN, Air ambulance)
Step 3	Determine appropriate level of transport – if Emergency Level re-triage, steps 2 and 3 should be initiated simultaneously.	If within Paramedic Scope of Practice and timely transport needed – Contact 911 to request a “ Code 3 Ambulance ” If exceeds paramedic scope of practice, contact appropriate transport agencies (CCT-RN or Air Ambulance) or arrange for nursing staff to accompany paramedic ambulance. “ Urgent ” re-triage - Consider options for transport based on patient acuity CCT, ALS (911) or EMT (BLS) transfer.
Step 4	Prepare patient and paperwork for immediate transport.	Fax additional paperwork that is not ready at time of transport departure. Do not delay transport. (SEE FAX LIST BELOW)

TRAUMA LEVEL CRITERIA (ADULT) – LEVEL OF SEVERITY

EMERGENCY LEVEL RE-TRIAGE: These are patients whose needs are generally known immediately or soon after initial arrival, based on clinical findings. Avoid any unnecessary studies (e.g. CT scans or angiograms). Request 911 ambulance for transport while simultaneously contacting the trauma center for patient acceptance stating “**Emergency trauma re-triage**”.

EMERGENCY LEVEL CRITERIA:

Blood pressure / perfusion:

- Systolic pressure < 90 or
- Need for high volume fluid resuscitation (> 2 L NS) or immediate blood replacement

GCS / Neuro

- GCS Less than 9
- GCS Deteriorating by 2 or more during observation
- Blown pupil
- Obvious open skull fracture

Anatomic criteria

- Penetrating injuries to head, neck, chest, or abdomen
- Extremity injury with ischemia evident or loss of pulses

Provider judgment

- Patients who have a high likelihood of need for emergent life- or limb-saving surgery or other intervention within 2 hours.

URGENT LEVEL RE-TRIAGE: Contact Trauma Center stating “**Urgent trauma re-triage**” for acceptance and appropriate transport provider based on patient acuity. These patients may require limited diagnostic procedures to discover abnormalities – upon findings of significant abnormalities, transfer should be arranged in a timely manner and further extensive workup should not be necessary.

URGENT LEVEL CRITERIA

Any patient meeting criteria for field transport to a trauma center that arrives via private auto or EMS should be considered a potential urgent re-triage. Criteria includes but not limited to the following:

CNS

- GCS < 14 with abnormal CT scan
- Depressed skull fracture
- Spinal cord or major vertebral injury

Chest

- >3 rib fractures and/or pulmonary contusion
- Widened mediastinum or other signs of great vessel injury on CXR
- Cardiac injury

Pelvis/Abdomen

- Unstable pelvic ring or pelvic ring disruption
- Solid organ injury confirmed by ultrasound exam or CT scan

Extremity

- Two or more long bone fractures
- Suspected crush injury or compartment syndrome

Multi-System Injury

- Major injury to more than 2 body regions
- Signs of hypoperfusion (e.g. elevated lactate level > 4 or base deficit more than X)

TRAUMA CENTER CONTACT INFORMATION

TRAUMA CENTER	TRAUMA CENTER ACCEPTANCE	FAX NUMBER FOR RECORDS
SUTTER EDEN MEDICAL CENTER	(510) 566-3039- ask for on call Trauma Surgeon	(510) 727-3355
HIGHLAND HOSPITAL	(510) 535-6000 - ask for Attending Physician	(510) 535-7791
CHILDREN'S HOSPITAL	(510) 428-3240 – ask for Attending Physician	(510) 601-3934

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