TSA-Q

PREHOSPITAL PATIENT TRIAGE

AND FACILITY BYPASS GUIDELINES

Subject: Prehospital trauma patient triage and facility bypass

Purpose: To define uniform system guidelines for prehospital trauma patient triage and facility bypass guidelines

Acknowledgements:

- Both designated and non-designated facilities play an important integral role in the trauma system.
- Patients with multi-system blunt or penetrating trauma and who are hemodynamically unstable and/or have respiratory compromise or altered mental status should be triaged and transported by prehospital personnel to the nearest appropriate trauma center.
- Non-designated facilities play a very important role in trauma care. These facilities, based upon their available resources and capabilities, should transfer trauma patients rapidly to an appropriate level trauma center in accordance with applicable transfer laws.
- Patient rights should be respected in the determination of hospital destination. In the event a competent trauma patient requests a destination discordant with the destination recommendation of the EMS provider, the EMS system on-line medical direction source should be contacted.
- EMS systems should promptly notify receiving facilities in order to allow for timely facility-specific trauma team alert mechanisms to be activated.
- Due to the diversity and variability in the provision of on-line medical direction sources for EMS systems, it is understood that deviations from these guidelines may occur. Questions and/or concerns regarding a prehospital provider's patient triage and facility bypass decision(s) should be referred to the SETTRAC QI Committee.

Definitions:

- Trauma patient: Any individual who experiences blunt or penetrating single or multiple organ system injury resulting in potential morbidity and/or mortality
- Triage: The classification of patients according to medical needs
- Transfer: Movement of a patient from one hospital to another based upon the patient's need (inter-hospital transport) and according to applicable state and federal transfer laws

- Bypass: Intentional movement of a patient from the scene to a specific hospital, not necessarily the nearest hospital, based upon the patient's medical need

- Appropriate Facility: A hospital, not necessarily the nearest hospital, with the resources and capability to care for a patient based upon the patient's medical needs

- Trauma Center:

- Level I: Comprehensive trauma facility and tertiary care facility that has the resources and capability to provide total care for every aspect of injury continuum from research and prevention through rehabilitation.

- Level II: Major trauma facility that has the resources and capabilities to provide definitive trauma care to injury patients but may not be able to provide the same spectrum of care as a Level I trauma center.

- Level III: General trauma facility that has the resources and capabilities to provide resuscitation, stabilization, and assessment of trauma patients and can either provide treatment or arrange for appropriate transfer to a higher level trauma facility.

- Level IV: Basic trauma facility that has the resources and capability to provide resuscitation, stabilization and arrangement for appropriate transfer of all trauma patients with major and severe injuries to a higher level trauma facility.

Prehospital Patient Triage Guidelines for Trauma Center Destination:

- [a]Physiologic parameters and/or unstable vital signs

    - Hemodynamic compromise (hypotension, pallor, tachycardia, diaphoresis)
    - Respiratory compromise (respiratory rate < 10 or > 29)
    - Altered mental status (GCS < 13, RTS < 1 1, PTS < 9)
    - Multi-system blunt or penetrating trauma with unstable vital signs

- [b]Anatomical injury

    - Penetrating injury of head, neck, torso, or groin
    - Injury in combination with bums > 20% TBSA or in combination with bums involving the face, airway, hands, feet, or genitalia
    - Total or partial amputation of extremity above digits
    - Extremity injury with absence of distal pulses
    - Severe crush injury with numbness or severe pain
    - Paralysis or suspected spinal injury
    - Flail chest
    - Two or more long bone fractures (humerus or femur)
    - Open or suspected depressed skull fracture
    - Unstable pelvis or suspected pelvic fracture

- [c]Mechanism of injury

    - Roll-over
    - Ejection from vehicle
    - Death of occupant in same vehicle
    - Auto-pedestrian injury with significant impact (> 5 mph)
    - Motorcycle crash > 20 mph or with separation of rider from motorcycle

- High-speed impact (initial speed > 40 mph, major auto deformity, intrusion into passenger compartment > 12 inches)
- Fall from ≥ 20 feet
- High index of suspicion by prehospital provider

- [d]High risk trauma patient

  - Age < 5 or > 55 years
  - Known cardiac disease or respiratory disease
  - Insulin-dependent diabetic
  - Alcoholics with cirrhosis or liver disease
  - Patients with known malignancy or bleeding disorders
  - Pregnancy
  - Underlying acute or chronic medical condition

Prehospital Patient Triage And Facility Bypass Algorithm (attached) Algorithm considerations[e]:

- Patient assessment
- Distance
- Transport time
- Method of transport
- Patient destination request
- EMS resource availability/capability
- Weather conditions
- Regional disaster plan

System Monitoring and QI

- Each quarter, all hospitals will be requested to document and report to the SETTRAC QI Committee issues and/or concerns regarding the previous triage or bypass decisions.

- Each quarter, the SETTRAC QI Committee will be requested to report to the SETTRAC Board all issues regarding a prehospital provider's patient triage and facility bypass decision(s).

12-01-2008 Approved SETTRAC Board of Directors

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Allen Johnson, MPA, Chair

Southeast Texas Trauma Regional Advisory Council

PREHOSPITAL PATIENT TRIAGE AND FACILITY BYPASS ALGORITHM