
Trauma Triage, Transport and Destination

Purpose: In an effort to reduce mortality and morbidity resulting from severe traumatic injury, The Region 3 - Regional Trauma Network (R3RTN) has created a regionalized and coordinated system of trauma care to ensure that severely injured patients are transported to the most appropriate facility for definitive treatment. This process considers the pre-hospital assessment by the Emergency Medical Services (EMS) provider, available transport resources (ground/air), the transport time to a particular facility and the destination facility's ability to provide definitive care. The overall goal of this protocol is to ensure the patient is transported to the right facility at the right time. This protocol covers only injured pre-hospital patients and is not intended for use when transporting the injured patient inter-facility.

1. Definitions

- a. **Acute Care Facility** – A hospital possessing an Emergency Department staffed 24/7/365. Acute Care Facilities are capable of accepting, stabilizing, treating trauma patients. They are additionally capable of arranging the transfer of trauma patients (if indicated).
- b. **Designated Trauma Center** – A specialized hospital that treats victims of physical trauma. The Michigan Department of Health and Human Services (MDHHS) Trauma Section has designated hospitals as Trauma Centers based on their ability to provide definitive care to injured patients. Hospitals are designated as Level I, II, III, or IV with Level I and II Designated Trauma Centers possessing resources to treat the most severely injured patients. Level III (Community Trauma Facility) and Level IV (Trauma Support Facility) Designated Trauma Centers are capable of receiving trauma patients but typically not the most severely injured (see Appendix I for Region 3 Trauma Centers)
- c. **Closest Most Appropriate Facility** – The Designated Trauma Center (I, II, III or IV) or Acute Care Facility identified as appropriate to receive the patient as classified by the Region 3 Trauma Triage Destination Scheme with the shortest predicted transport time.

2. General Stipulations

- a. All R3RTN EMS providers shall use the most current *R3RTN Trauma Triage and Transport Decision Scheme* (Appendix II) to identify the most severely injured patients.
- b. Patients meeting criteria in the R3RTN Trauma Triage and Transport Decision Scheme shall be transported to the closest appropriate level of Designated Trauma Center.
 - i. **Exceptions:**
 1. Upon establishment of direct communication with the Designated Trauma Center, it is determined they are unable to provide the necessary specialized based on EMS assessment of injuries (e.g. orthopedic, vascular, neurologic care).
 2. Transports outside of the EMS agency's area which would deplete resources or ability to respond to other emergencies.
 3. Hazardous weather situations where the safety of the patient and/or the crew may be affected.
 4. The Designated Trauma Center is on diversion status.

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5. For patients requiring a Level I or II Designated Trauma Center, if the anticipated transport time is estimated to be > 30 minutes, the patient may be transported to the closest Acute Care Facility. For situations where anticipated transport exceeds 30 minutes, consider air transport (see below).
 6. Patients with airway compromise unresolved by EMS intervention or hemodynamically unstable must be transported to the closest receiving facility without regard to the Designated Level.
 7. Patient Choice: A competent patient without altered mental status or; other person with legal authority to act on behalf of the patient (guardian, legal representative) may request transport to the facility of their choice. If the destination is inconsistent with the R3RTN Trauma Triage Decision Scheme, the EMS provider will advise the patient or representative that their request may cause additional debilitation or even death. Direct contact with online medical control is advised in these situations.
- c. **Scene Time:** The goal for initiated transport to a receiving facility is 10 minutes or less unless extenuating circumstances such as extrication, multiple casualties, or limited resources cause delay.
 - d. **Notification:** EMS providers must give advanced notification to the receiving facility whenever possible to allow appropriate activation of resources prior to patient arrival.
 - e. **EMS Provider Judgment:** EMS providers may elect to transport to a higher-level Designated Trauma Center based on suspicion of underlying, non-obvious injuries or mechanism.

3. Helicopters – Air Medical Transport Considerations

- a. Patients requiring a Designated Level I or II Trauma Center with an estimated ground transport time exceeding 30 minutes shall have air transport considered by EMS personnel.
- b. If the anticipated air transport time for a patient requiring a Designated Level I or II Trauma Center is greater than 45 minutes, the patient may be transported by ground to the closest facility regardless of Designated Level.
- c. **Exceptions**
 - i. Weather or other conditions prohibit air travel to the scene.
 - ii. Scene wait time would exceed time required to transport the patient to a receiving facility regardless of Designated Level. In these situations, the air medical transport may be diverted to a facility closest to the scene where transfer of care can occur.
 - iii. Patients in cardiac arrest secondary to blunt trauma will not be transported by air.

4. Special Considerations

- a. **Pediatrics** – Pediatric trauma patients (less than 15 years) determined to require a Designated Level I or II Trauma Center should be taken directly to a Designated Pediatric Trauma Center.
- b. **Burns** – Patients with the following *primary* burn injuries should be transported directly to a Designated Burn Center.

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- i. Partial thickness burns greater than 10% total body surface area.
 - ii. Burns that involve the face, hands, feet, genitalia, perineum or major joints.
 - iii. Third degree burns in any age group.
 - iv. Chemical burns
 - v. Inhalation injuries.
- c. **Pregnancy** – Pregnant trauma patients > 20 weeks gestation must be transported to a facility capable of providing obstetrical care regardless of the required Designated Level Trauma Center dictated by the Region 3 Trauma Triage Decision Scheme.
- d. **Multiple Casualty Incidents (MCIs)** – In coordination with on-line medical control; patients may be diverted to facilities that are not necessarily the closest in an effort to avoid overwhelming available resources.
- e. **Trauma Patients on Anticoagulants or with Bleeding Disorders**
 - i. Patients on anticoagulants or with bleeding disorders sustaining injuries are at great risk for rapid deterioration.
 - ii. These patients shall be transported to a facility capable of monitoring and managing their condition (See Appendix III).

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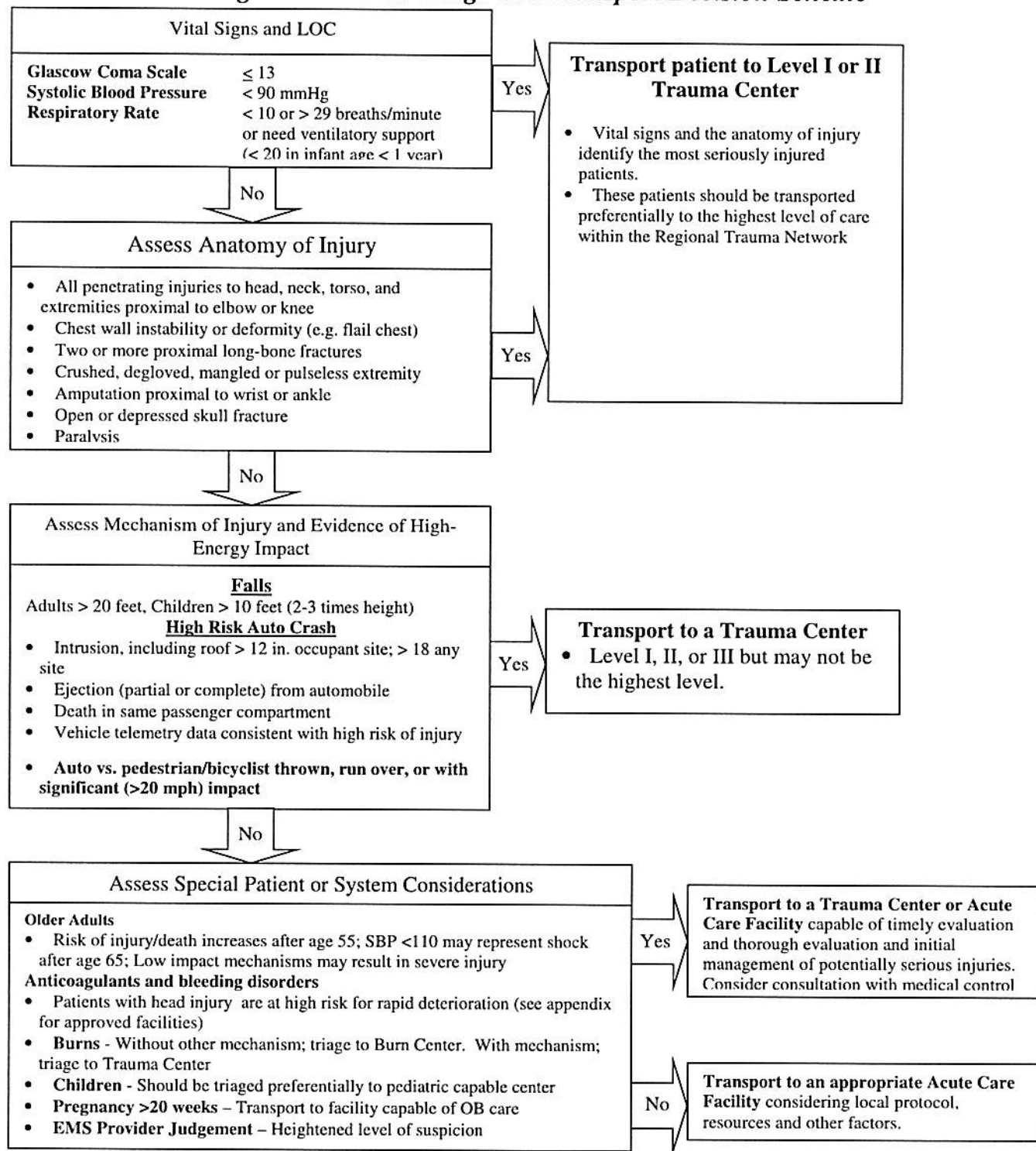
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APPENDIX I – Current Region 3 Trauma Centers

Facility	City	County	Designation
Covenant Healthcare	Saginaw	Saginaw	Level II Adult
			Level II Pediatric
Genesys Regional Medical Center	Grand Blanc	Genesee	Level II Adult
Hurley Medical Center	Flint	Genesee	Level I Adult
			Level II Pediatric
			Level III Burn
McLaren Lapeer Region	Lapeer	Lapeer	Level II Adult
McLaren Flint	Flint	Genesee	Level III Adult
Mid-Michigan Medical Center	Midland	Midland	Level II Adult
St. Mary's of Michigan	Saginaw	Saginaw	Level II Adult

APPENDIX II – Region 3 Trauma Triage and Transport Decision Scheme



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APPENDIX III – Region 3 Anticoagulant Capable Trauma Centers

Facility	City	County
Covenant Healthcare	Saginaw	Saginaw
Genesys Regional Medical Center	Grand Blanc	Genesee
Hurley Medical Center	Flint	Genesee
McLaren Lapeer Region	Lapeer	Lapeer
McLaren Flint	Flint	Genesee
Mid-Michigan Medical Center	Midland	Midland
St. Mary's of Michigan	Saginaw	Saginaw