



# Trauma Re-Triage Guidelines

City and County of San Francisco



## PROCEDURES FOR EMERGENT RE-TRIAGE OR URGENT TRANSFER OF TRAUMA PATIENTS TO SAN FRANCISCO GENERAL HOSPITAL

★★ **THESE PROCEDURES DO NOT APPLY DURING A DISASTER OR CATASTROPHIC INCIDENT** ★★

### EMERGENT TRAUMA RE-TRIAGE

1. Call 911 and request an EMERGENCY RESPONSE, ALS ambulance for Emergent Re-Triage to SFGH.
2. Provide immediate life saving measures (*Airway management, hemorrhage control, tension pneumothorax, etc.*)
3. Call SFGH at **(628)206-8111** to notify the ED Attending in Charge (AIC) of the Trauma Re-Triage patient.  
(Note: *Imaging studies, EMTALA forms or patient records should not delay transport*)

#### INDICATIONS FOR EMERGENT TRAUMA RE-TRIAGE:

- **Physiologic:** SBP < 90 or need for high volume fluid resuscitation or blood to maintain BP; RR < 10 or > 29; GCS < 13 or GCS deteriorating by 2 or more during observation or blown pupil.
- **Anatomic:** Penetrating injury to head, neck chest or abdomen; Extremity injury with evidence of ischemia or loss of pulses; all blunt trauma with suspected significant chest, abdominal or pelvic injury; flail chest; burns with trauma; two or more proximal long bone injuries; pelvic fractures; limb paralysis; amputation proximal to wrist or ankle; crushed, degloved, or mangled extremity; extremity injury with ischemia evident or loss of pulses; open / depressed skull fracture, multi-system trauma.
- **Other:** Patients, who in the judgment of the evaluating emergency physician, are anticipated to have a high likelihood for emergent life or limb-saving surgery or other intervention within two (2) hours.

### URGENT TRAUMA TRANSFER

1. Call SFGH at **(628)206-8111** and speak with ED Attending in Charge (AIC) to discuss patient status and request transfer. *These patients may require limited diagnostic procedures to discover abnormalities – upon findings of significant abnormalities, transfer should immediately be arranged and further extensive workup should not be necessary.*
2. If transfer accepted, arrange for transport appropriate to patient's condition or potential need.
3. Prepare patient records and results of any imaging studies and send with the patient.

#### INDICATIONS FOR URGENT TRAUMA TRANSFER:

- **Physiologic:** GCS < 14 with abnormal CT scan; Spinal cord or major vertebral injury; > 3 rib fractures and/or pulmonary contusion; widened mediastinum or other signs of great vessel injury on CXR; cardiac injury; unstable pelvic ring or pelvic ring disruption; solid organ injury confirmed by U/S or CT scan; 2 or more long bone fractures; suspected crush injury or compartment syndrome; signs of hypoperfusion (e.g. lactate > 4 or base deficit > 10), any pregnant trauma patients (>20 weeks), elderly (>65 yrs) with SBP < 110 and/or on major anticoagulants.
- **Concerning Mechanisms of Injury Include:** Ejection from vehicle; death of another passenger in the same compartment; prolonged extrication; intrusion into passenger space compartment; adult falls > 20 feet or pediatric fall >10; pedestrian vs auto; bike vs auto; motorcycle crash >20mph.

**NOTE: Medications / Interventions exceeding the Paramedic Scope of Practice must be stopped for transfer or an extended service provider (MD/NP/PA/RN/CCT-PM) must accompany the patient.**

### PATIENT MEDICAL RECORDS

If possible, send the patient's medical record (includes paramedic records, emergency department records, images, lab tests, other pertinent diagnostic tests) with the patient.

- Delayed records must be faxed to medical staff through the secure fax at the ZSFG Emergency Dept at **(628) 206-9176**.
- If possible and to assist with *administrative* tracking, also fax the patient records to the secure fax at the ZSFG Trauma Services Administration at **(415) 206-4079**. (Note: *the ED vs. Trauma Admin area codes are different*)