



POLICY AND PROCEDURE

Title: Trauma Patient Management		Effective Date: August 2021
Department: Emergency Department	Page 1 of 2	Last Revised:
Policy/Procedure Owner(s): Emergency Department	Attachment:	Approved By: Dr. Caitlin Jones ED Director Sara Vieira, Chief Nursing Officer

Purpose:

To care for patients of trauma by providing emergency treatment and stabilization, and to establish prospective and objective transfer criteria to minimize discussion, expedite the process, and ensure optimal care.

Policy and Procedure:

Patients who present to the hospital with traumatic injuries will receive emergency care and stabilization. While Christ Hospital is not a designated trauma center, it still has the capability to care for many injuries with its available emergency medicine providers and on-call specialists.

Occasionally, a patient’s injury emergently requires specialized trauma services or specialist care that is not available in the hospital. In these cases, patient will be transported to the nearest appropriate trauma center.

The following criteria will be considered in making decision to transport to trauma center:

Interhospital Transfer Criteria, ATLS Table 13.1*	
CLINICAL CIRCUMSTANCES THAT WARRANT INTERHOSPITAL TRANSPORT WHEN THE PATIENT’S NEEDS EXCEED AVAILABLE RESOURCES:	
Category	Specific Injuries and Other Factors
Central Nervous System	<ul style="list-style-type: none"> • Head injury • Penetrating injury or depressed skull fracture • Open injury with or without cerebrospinal fluid (CSF) leak • GCS score < 15 or neurologically abnormal • Lateralizing signs • Spinal cord injury or major vertebral injury
Chest	<ul style="list-style-type: none"> • Widened mediastinum or signs of great vessel injury • Major chest wall injury or pulmonary contusion • Cardiac injury

	<ul style="list-style-type: none"> • Patients who may require prolonged ventilation
Pelvis/Abdomen	<ul style="list-style-type: none"> • Unstable pelvic ring-disruption • Pelvic-ring disruption with shock and evidence of continuing hemorrhage • Open pelvic injury • Solid organ injury
Extremities	<ul style="list-style-type: none"> • Severe open fractures • Traumatic amputation with the potential for replantation • Complex Articular Injuries • Major crush injuries • Ischemia
Multisystem Injuries	<ul style="list-style-type: none"> • Multisystem injury with face, chest, abdominal, or pelvic injury • Injury to more than two body regions • Major burns or burns with associated injuries • Multiple prolonged long-bone fracture
Comorbid Factors	<ul style="list-style-type: none"> • Age > 55 years • Children < 5 years of age • Cardiac or respiratory disease • Insulin-dependent diabetes • Morbid obesity • Pregnancy • Immunosuppression
Secondary Deterioration (Late Sequelae)	<ul style="list-style-type: none"> • Mechanical ventilation required • Sepsis • Single or multiple organ system failure (deterioration in central nervous system , cardiac, pulmonary, hepatic, renal, or coagulation systems) • Major tissue necrosis

Christ Hospital has an agreement with Jersey City Medical Center and the University Hospital to expedite transfer of trauma patients. Transfer to other trauma or tertiary centers may also be considered if that facility can best handle the patient (e.g., anticipated need for PICU services or burn center).

There will be a direct discussion between providers concerning the patient's care prior to any transfer. In addition, Christ Hospital will stabilize a trauma patient as much as possible within its capabilities. However, transfer of an unstable patient may have to occur for the best outcome.

All efforts will be made to obtain patient's consent for transfer. If there is severe neurologic impairment preventing informed consent, and it is the best interest of the patient's health, transfer will be made.

Level of transport services will be determined by providers, and all attempts made to expedite EMS transport via appropriate means (BLS vs ALS).

Trauma cases will be periodically reviewed for quality of care and outcomes.

Recommended any provider not board certified in Emergency Medicine maintain active ATLS certification.

References: Advanced Trauma Life Support Student Course Manual, 9th ed, c. 2013