

Title: Storage of Patient Care Supplies	Policy Number: 76546.1
Approved by: Val McPherson (CNO), Karen Palatella (VP)	Facility Approval Date: 09/01/2021 Effective Date: 06/24/2019 Next Review Date: 09/01/2024
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OBJECTIVE:

ED personnel will be responsible for performing an initial assessment and initiate the appropriate intervention/stabilization. The management priorities are based upon the life-threatening injuries found in the primary survey and other injuries found in the secondary survey, as well as age, special conditions and the resources available for providing care.

POLICY:

The primary survey is a brief assessment of airway, breathing, circulation and disability. Life-threatening conditions are identified and treated before the assessment continues.

The secondary survey is a systematic approach to identify all injuries sustained by the patient to determine the priorities of patient management.

Triage of the trauma patient will be done according to the Trauma Nurse Core Curriculum (TNCC) protocols.

PROCEDURE:

A severely injured patient, who meets one or more of the trauma criteria, should be evaluated, stabilized and transferred by the physician through the Hackensack University Medical Center transfer center to the closest Level 1 or 2 trauma center in the most expeditious manner if the required services are not readily available at this facility. The transferring physician will follow the transfer algorithm and gain acceptance from the trauma consultant to transfer to the Level 1 or 2 trauma center in accordance with standard transfer protocol and EMTALA regulations. Consultation with the receiving physician will also include discussion of pre-transfer diagnostic procedures and selection of mode of transport, equipment, and personnel needed to manage patient care during transport. The receiving physician will ensure capability to provide needed care and document approval for the transfer.

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Clinical Criteria for consideration of transfer:

CENTRAL NERVOUS SYSTEM – HEAD AND/OR SPINAL INJURY WITH:

- Inability to follow commands
- Alteration of mental status
- Open or depressed skull fracture
- Paralysis
- Focal neurologic deficits
- Glasgow Coma Scale < 12
- Intracranial hematoma or hemorrhage that requires surgical intervention
- Significant parenchymal contusion
- Cord Compression

CARDIOVASCULAR

- Suspected aortic or major cardiovascular injury
- Shock due to trauma
- Hemodynamic instability

RESPIRATORY

- Thoracic injury/injuries with respiratory distress not relieved by simple maneuvers (examples:
 - pneumothorax or hemothorax where chest tube does not relieve respiratory distress; significant
 - pulmonary contusion; flail chest
 - Pre-existing cardiac and/or respiratory disease in conjunction with thoracic injury as noted in examples
 - above.
- Respiratory compromise requiring intubation where PaO₂:FiO₂ < 300
- Flail chest with hypoxia
- Multiple consecutive rib fractures

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CLINICAL CIRCUMSTANCES:

CENTRAL NERVOUS SYSTEM

- Head injury
 - Penetrating injury or depressed skull fracture
 - Open injury with or without CSF leak
 - GCS score <14 or GCS deterioration
 - Lateralizing signs
- Spinal Cord Injury or Major Vertebral Injury

CHEST

- Widened mediastinum or signs suggesting great vessel injury
- Major chest wall injury or pulmonary contusion
- Cardiac injury
- Patients who may require prolonged ventilation

PELVIS/ABDOMEN

- Unstable pelvic-ring disruption
- Pelvic-ring disruption with shock and evidence of continuing hemorrhage
- Open pelvic injury

EXTREMITY

- Severe open fractures
- Traumatic amputation with potential for replantation
- Complex articular fracture
- Major crush injury/Compartment Syndrome
- Ischemia

MULTI-SYSTEM INJURY

- Head injury with face, chest, abdominal, or pelvic injury
- Injury to more than two body regions
- Major burns or burns with associated injuries
- Multiple, proximal long-bone fractures



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COMORBID FACTORS

- Age > 55 years
- Children
- Cardiac or respiratory disease
- Insulin-dependent diabetics, morbid obesity
- Pregnancy
- Immunosuppression

OTHER INJURIES

- Significant burns (as defined by specific burn center criteria)
- Combination of trauma with burns

*List is not exhaustive; exceptions can be made based on discussion with trauma consultant, clinical picture, resources available at the time, etc.