

THE VALLEY HOSPITAL
Ridgewood, New Jersey

SUBJECT: Trauma Patient Transfer Criteria

PURPOSE:

To define for our policy and procedures that are based on science and standards set forth by national organizations and the New Jersey Department of Health NJSA26:2K-12.2, which shall provide for the effective and efficient transfer of patients requiring the services of a trauma center.

SUPPORTIVE DATA:

Assessment and care for the trauma patient begins in the pre-hospital setting as set out in The Valley Hospital Emergency Services Administrative Policy 1.4-07 as noted below:

1. Patients should be transported to the closest appropriate hospital using the following guidelines:
 - a) When attended to by any advanced life support personnel, including an air medical unit, that unit's personnel and policies shall dictate the hospital destination.
 - b) Patients in extremis, in cardiac arrest, or lacking a patent airway should be transported to the closest available hospital regardless of specialty criteria.
 - c) Trauma patients should be transported to the Level I or Level II trauma center with the shortest transport time who meet any of the following criteria:
 - i) Physiologic criteria, including a GCS at or below 13, a systolic BP below 90, or a respiratory rate below 10 or greater than 29 (or under 20 for infants under one year of age), or needing ventilatory support;
 - ii) Anatomic criteria, including penetrating injuries (other than below the elbow or knee), flail chest, two or more proximal long-bone fractures, crushed/degloved/mangled/pulseless extremities, amputation proximal to the wrist or ankle, pelvic fractures, open or depressed skull fractures, or paralysis; or
 - iii) Mechanism of injury, including falls greater than 20 feet for adults or 10 feet for children, auto crash with intrusion of 12 inches at the occupant or 18 inches elsewhere, ejection, death of another occupant, high-risk vehicle telemetry, auto-pedestrian thrown/run over/impact over 20 mph, or motorcycle crash over 20 mph.
 - iv) Other considerations should be considered, including age over 55, systolic BP below 110 if age over 65, ground level falls in older adults, transporting children to pediatric capable trauma centers, head injuries with anticoagulants and/or bleeding disorders, burns with trauma mechanism being transported to a trauma center first, pregnancy over 20 weeks, and EMS provider judgment.

PROCEDURE:

The need for transfer of a patient from The Valley Hospital to a state designated trauma center shall be determined by the patient's treating physician in collaboration with other providers involved in the stabilization and care of the patient, including but not limited to intensivists, surgeons or other practitioners and with consideration for the nature of the injury, patient condition, availability of surgeons, appropriate specialists, ICU and operating room capacity. The following should be considered for transfer

1. Trauma specialty is not available at the facility. Examples include various types of multi-system trauma, eye, maxillofacial/mandibular or hand trauma.
2. Unavailable or delay in resources including equipment and staff.
3. Level of care for the patient is beyond the scope of the care team and facility.

APPROVED DATE: September 2, 2021