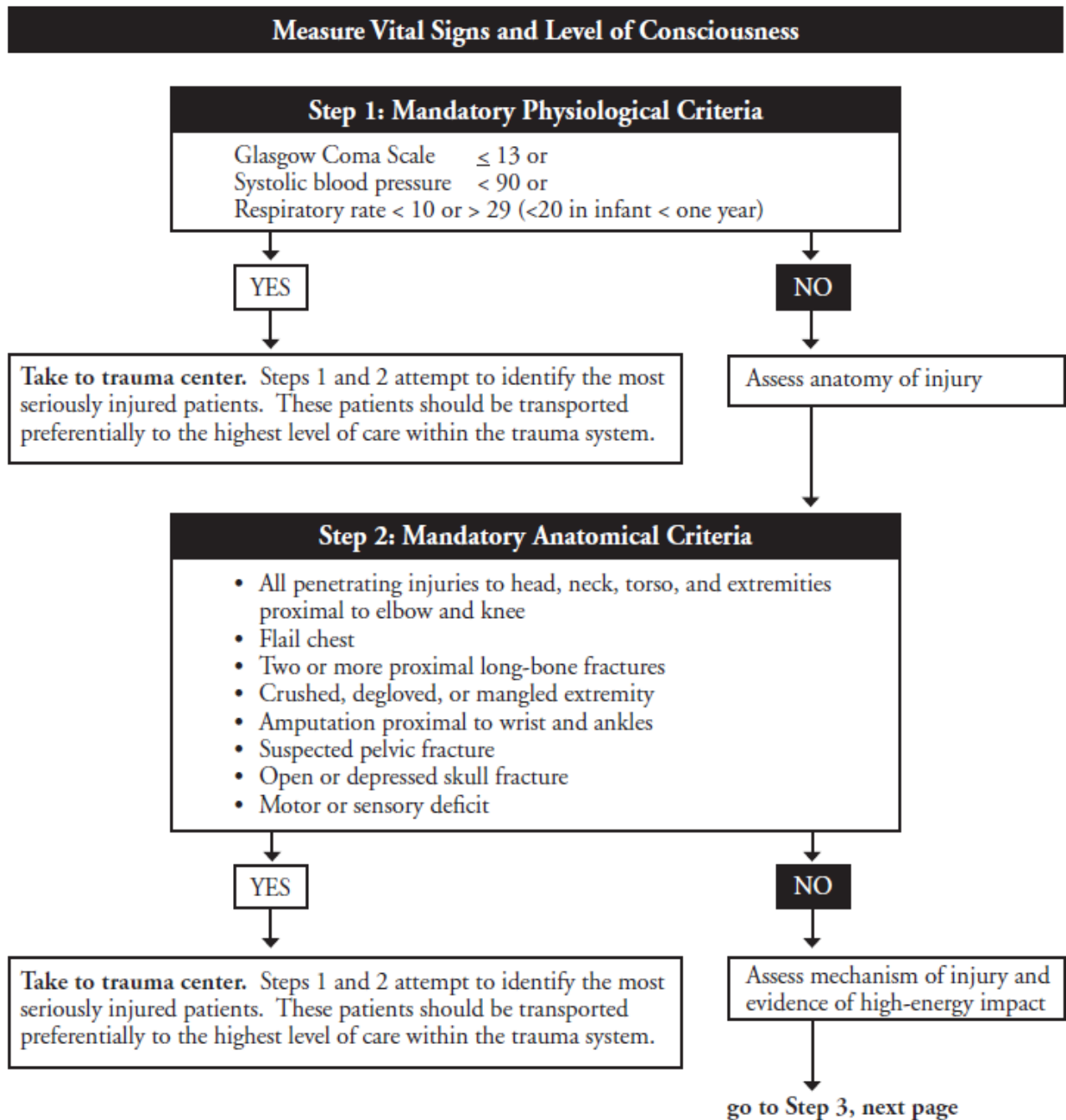


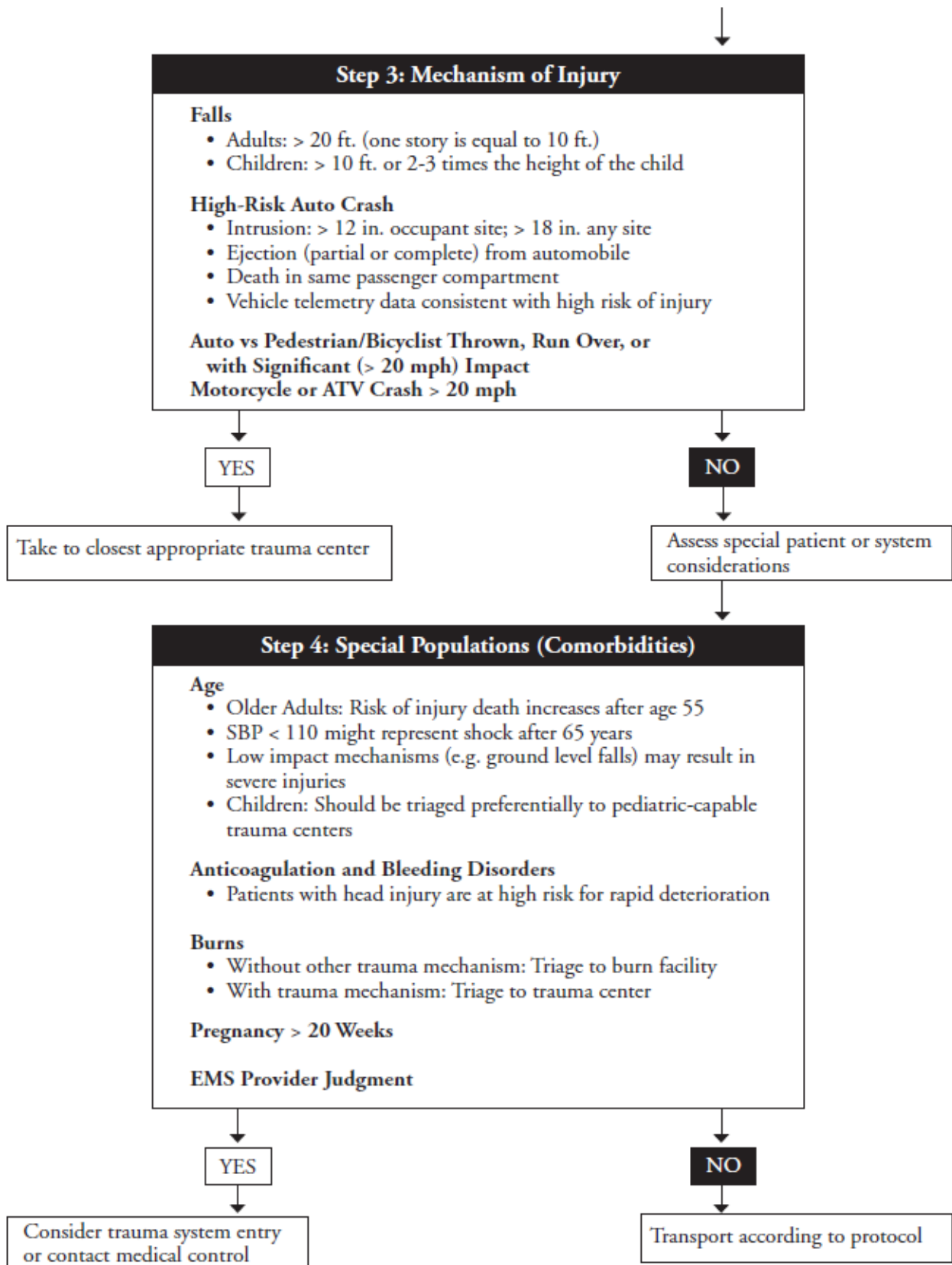
Trauma System

Trauma System Entry and Guidelines – 50.010

I. PATIENT ENTRY:



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II. **MEDICAL DIRECTION:**

- A. Off-line medical direction for trauma patients is controlled by the Treatment Protocols and Procedures section.
- B. OLMC is provided by the receiving hospital. OLMC may override off-line medical direction. Any instances where this occurs will be documented in the pre-hospital care report.

III. **COMMUNICATIONS/HEAR Report:**

- A. The following information will be provided to receiving hospital:
 1. Unit number and Trauma System Entry criteria and vital signs.
For example: *“SAH or GSH, medic x71 with a trauma system entry based on the following criteria. List specific criteria from box 1 – 4 above and vital signs”*
 2. Number of patients.
 3. Age and sex of the patients.
 4. Glasgow Coma Scale.
 5. ETA to Trauma Center.
 6. Patient destination based on incident location or request.

IV. **TRAUMA CENTER DESTINATION:**

- A. **Patient should be taken to highest level of care within 30 minutes’ drive time.**
- B. **Patients or Guardians Request:** If the alert, competent patient or his/her competent guardian demands transport to a specific hospital, the EMS provider will try to honor that request and notify the receiving hospital immediately.
- C. **Multiple Patients:** Follow MCI Plan.
- D. **Diversion To Local Hospital:** **If patient goes into traumatic arrest or if the paramedic is unable to establish an airway, the patient should be transported to the nearest acute care facility regardless of the facility diversion status.**

V. **MODE OF TRANSPORT:**

An air ambulance may be used when it would reduce total pre-hospital time by 15 minutes or greater. This is usually achieved whenever the ground transport time will exceed 30 minutes (Scene is > 15 miles from hospital, or other circumstances exist, such as patients with possible head injuries should be sent to a hospital that has neurosurgery available.)

VI. **PATIENT EVALUATION PROTOCOL:**

- A. Treatment Priority Should Be Approached In This Order:
 1. Airway Maintenance (Including control of the cervical spine).
 2. Breathing.
 3. Control of circulation and hemorrhage.
 4. Treatment of shock.
 5. Neurological examinations.
 6. Complete secondary survey.
 7. Splinting of fractures.

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VII. SCENE TIME:

After gaining access to the patient, scene time should not exceed ten minutes for any patient who is entering the Trauma System. Plan to start IV/IOs and initiate other care once en-route to the hospital if necessary.