

Maine EMS Trauma Advisory Committee
Technical Assistance Team
Prospective Triage, Treatment, and Transfer Worksheet

Instructions

The purpose of this document is to help describe and organize the systematic treatment of major trauma patients in your hospital. This worksheet will be the foundation of our discussion at an upcoming Technical Assistance Team (TAT) meeting, where representatives of the Maine EMS Trauma Advisory Committee will explore local systems and processes with you and your colleagues. Ideally this information will be further translated into tools or materials useful in staff education, new-hire orientation, or real-time decision-making for optimal care of injuries at your facility. Even more importantly, we hope that such discussions will help us to collect and share best practices for the treatment of Maine's injured.

The following pages comprise six sections. Each section contains a blank decision worksheet followed by a list of criteria describing potential patients in a given category (Head & Face Injury; Chest Injury, etc.) .

1. Begin by sorting patient criteria into three groups, given your experience and assumptions:
 - a. Patients who you are likely to **KEEP** (those manageable with local staff and resources); and
 - b. Patients for whom **CONSULTATION** (with local specialists or your Trauma Center) is necessary prior to disposition; and
 - c. Patients who empirically require **TRANSFER**: regardless of whatever is needed locally, they're destined for transfer.(Note that the list of criteria is open-ended: if we've left something out that's important, then by all means add it.)
2. Next, try to describe what will be necessary for each type of patient to expedite their disposition from the ED (especially for those outside of the "KEEP" category):
 - a. Who to call: local consultants? Your Regional Trauma Center? Transport agencies?
 - b. Essential ED interventions: what **MUST** be done: interventions, diagnostics, procedures important to patient care and safety.
 - c. What typical tests are optional – especially if the patient will be out-transferred anyway?
3. Jot down any comments or questions you'd like to address during the TAT meeting, or which explain your responses for the readers.
4. Finally, please add any recurring issues which adversely affect your local care: inconsistent systems, confusion over proper strategies, conflicting advice, pushback from consultants (including trauma centers), and so on.

THIS IS NOT A TEST. Please just do your best and comment candidly. Your responses will be used to inform and inspire productive conversation. We hope that you won't spend more than an hour or two on this exercise.

HEAD & FACE INJURY

Triage Objective	Criteria / Injury Type	Who to Call	Essential ED Interventions	Optional ED Interventions	Comments, Questions
KEEP					
CONSULT					
TRANSFER					

OBSERVED PROBLEMS OF CURRENT PRACTICE:

SUGGESTED HEAD & FACE INJURY CRITERIA:

- GCS thresholds
 - <9 (Coma)
 - >9 but <13 (persistent altered mental status)
- “Lucid interval” between altered mental status episodes (clinical epidural)
- Penetrating skull injury
- Basilar fx
- Depressed fx
- True LOC (resolved PTA)
- Concussive / MTBI symptoms
- Seizure
- Facial fractures
- Ocular injury (globe or orbit)
- Extensive or complex soft tissue injury
- Other (local, hospital-specific; describe)

CHEST INJURY

Triage Objective	Criteria / Injury Type	Who to Call	Essential ED Interventions	Optional ED Interventions	Comments, Questions
KEEP					
CONSULT					
TRANSFER					

OBSERVED PROBLEMS OF CURRENT PRACTICE:

SUGGESTED CHEST INJURY CRITERIA:

- Suspected heart or great vessel injury
- Suspected laryngeal or tracheobronchial injury
- Flail chest
- Hemothorax
- Penetrating wounds (unstable hemodynamics)
- Penetrating wounds (stable hemodynamics)
- Pneumothorax
- Pulmonary contusion affecting ventilation/oxygenation
- Multiple unilateral rib fx's (>3)
- Bilateral rib fx's (any number)
- Sternal fx
- Other (local, hospital-specific; describe)

ABDOMINAL INJURY

Triage Objective	Criteria / Injury Type	Who to Call	Essential ED Interventions	Optional ED Interventions	Comments, Questions
KEEP					
CONSULT					
TRANSFER					

OBSERVED PROBLEMS OF CURRENT PRACTICE:

SUGGESTED ABDOMINAL INJURY CRITERIA:

- Shock with peritoneal signs
- Penetrating wounds (unstable hemodynamics)
- Penetrating wounds (stable hemodynamics)
- High-grade spleen or liver injury (stable hemodynamics)
- Low-grade spleen or liver injury (stable hemodynamics)
- Suspected pancreatic or hollow viscus injury
- Bladder or GU injury
- Other (local, hospital-specific; describe)

SPINE & SKELETAL INJURY

Triage Objective	Criteria / Injury Type	Who to Call	Essential ED Interventions	Optional ED Interventions	Comments, Questions
KEEP					
CONSULT					
TRANSFER					

OBSERVED PROBLEMS OF CURRENT PRACTICE:

SUGGESTED SPINE & SKELETAL INJURY CRITERIA:

- Acute spinal cord injury
- Unstable spinal column trauma (without SCI)
- Major pelvic fracture (e.g., major anatomic disruption; open fx; shock)
- Pelvic ring fracture (stable hemodynamics)
- Displaced acetabular fx
- Isolated / uncomplicated long bone fx or dislocation
- Multiple long bone fractures
- Mangled extremity
- Traumatic amputation (> wrist or ankle)
- Major hand injury
- Other (local, hospital-specific; describe)

MULTIPLE (CUMULATIVE) INJURIES

Triage Objective	Criteria / Injury Type	Who to Call	Essential ED Interventions	Optional ED Interventions	Comments, Questions
KEEP					
CONSULT					
TRANSFER					

OBSERVED PROBLEMS OF CURRENT PRACTICE:

SUGGESTED MULTIPLE (CUMULATIVE) INJURY CRITERIA:

- TBI (mild, stable) associated with other significant trauma (e.g., abdominal, ortho...)
- Long bone injury (stable) associated with other significant trauma (as above)
- Chest wall or pulmonary injury (stable) associated with other significant trauma (as above)
- Other (local, hospital-specific; describe)

SPECIAL SITUATIONS

Triage Objective	Criteria / Injury Type	Who to Call	Essential ED Interventions	Optional ED Interventions	Comments, Questions
KEEP					
CONSULT					
TRANSFER					

OBSERVED PROBLEMS OF CURRENT PRACTICE:

SUGGESTED SPECIAL SITUATION CRITERIA:

- Hemorrhagic shock, any cause (requiring blood-product resuscitation)
- Suspected mortal brain injury with vital signs
- Pregnant
- Pediatric (age?)
- Elderly (age?)
- Major comorbidities (CAD, CVD, IDDM, COPD, etc.)
- Coagulopathy
- Hypothermia
- Burns requiring hospitalization
- Other (local, hospital-specific; describe)