Subject: Patient Care – Trauma System
Rapid Re-Triage of Critically Injured Patients

Associated Policies

I. Authority and Reference
   A. Title 22, Division 9, Chapter 7
   B. Health and Safety Code, Division 2.5
   C. North Coast EMS Policies
   D. Della Valle, J.M., Newton, C., Kline, R.A., Spain, D.A., Pirrotta, E., & Wang, N.E. (2017). Rapid Retriage of Critically Injured Patients. *JAMA Surg, 153*(10), 981–983. doi:10.1001/jamasurg.2017.2178

II. Purpose
   A. To rapidly re-triage critically injured trauma patients from nontrauma hospitals, or level IV Trauma Centers, to higher-level Trauma Centers.

   B. Rapid retriage will allow for expedited transfer of critically injured trauma patients to a higher-level Trauma Center with unconditional acceptance.

III. Policy
   A. The goal of trauma triage determination in the North Coast EMS region is to rapidly identify the trauma patient based on physiologic changes, mechanism/anatomic injury, and concurrent/special conditions, using the *ACS 2021 National Guideline for the Field Triage of Injured Patients*, according to the North Coast EMS Policy #7000, "Trauma Triage Determination and Transport Destination Policy".

   B. After rapid trauma triage has occurred, the goal is to transport the trauma patient to the closest, most appropriate trauma center. This is further defined by the regions of Del Norte, Humboldt, and Lake Counties, according to the North Coast EMS Policy #7000, "Trauma Triage Determination and Transport Destination Policy".

   C. Critically injured trauma patients, who present to nontrauma or Level IV Trauma Centers via EMS or other arrival mode, when medically appropriate, should be considered for emergent re-triage to a higher-level Trauma Center for definitive care. The re-triage process should be done as quickly as possible, with communication between the sending Emergency Department (ED) physician and the receiving ED physician or trauma surgeon to avoid delay, and/or through the use of the transfer call center, speaking directly to the trauma surgeon as indicated on the attached algorithm. Any unnecessary studies (e.g. lab work, CT scans, and the like) should be avoided.

   D. Transferring facilities should use the attached algorithm to assist with identification of those trauma patients who would benefit from care at a higher-level Trauma Center. All hospitals and/or their affiliated transfer centers shall have a process to effect rapid trauma re-triage.

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E. Transferring facilities should also make use of the process outlined in the attached algorithm to facilitate transfer to the higher-level Trauma Center.

F. All re-triage trauma patients will be reported to and monitored through the appropriate NCEMS Trauma Advisory Community (TAC) meeting.

G. Local Receiving Hospitals shall have:
   1. Written transfer agreements (for both adult and pediatric patients) with appropriate, designated Level I - III Trauma Centers.
   2. Guidelines for identification of those patients who should be considered for re-triage to a Trauma Center, consistent with this NCEMS policy.
   3. A procedure for arranging the re-triage of appropriate patients (adults and pediatrics) including, but not limited to:
      a. Notification of the receiving Trauma Center ED physician.
      b. Arranging for transport by either ground or air.

IV. Procedure
   A. See attached algorithm.

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STEP 1: Determine Need for ReTriage

EMERGENCY RETRIAGE CRITERIA

- **Blood Pressure/Perfusion**
  - SBP <90mmHg
  - Decrease in BP by 30 mmHg after 2 liters of crystalloid solution infusion
  - Need for immediate blood replacement and/or mass transfusion
- **GCS/Neuro**
  - GCS < 9 or deteriorating by 2 or more during observation
  - Blown pupil
  - Obvious Open Skull Fracture
- **Anatomic Criteria**
  - Penetrating injuries to head, neck, chest or abdomen
  - Extremity injury with ischemia evident or loss of pulses
- **Provider Judgment**
  - Patients who have a high likelihood of need for emergent life- or limb-saving surgery or
  - Patient requiring IMMEDIATE evaluation/resuscitation per transferring physician.

STEP 2: Provide Immediate Life Saving Measures

1. **Airway Management**
2. **Hemorrhage Control**
3. **Needle Decompression of Tension Pneumothorax**

STEP 3: Contact Transfer Center and Initiate Transport

1. **Arrange for rapid air or ground transport.**

Hospital Name:	ED Phone Number:	Fax Records to:	Transfer Center (TC) Phone Number:
St Joseph Hospital - Eureka – L3	707-269-4250	707-269-3784	833-500-9337
Santa Rosa Memorial - L2	707-525-5300 Ext 5880	707-522- 1524	855-478-5637
Mercy Medical Center Redding – L2	530-225-7201	530-225-7228	916-851-2878
Rogue Regional Medical Center – L2	(TC to provide)	541-789-7132 (TC)	855-789-2337
UC-Davis Medical Center – L1	(TC to provide)	916-734-0835 (TC)	916-734-8200
OHSU, Portland OR – L1	503-494-7551	503-494-4812 (TC)	800-648-6478

STEP 4: Patient Preparation and Packing

1. **Package patient for transport**
2. **Fax additional paperwork that is not ready at time of transport departure**
3. **Call receiving ED (or as directed by Transfer Center) with report.**

- Terminate or initiate infusions as appropriate for level of transport (ALS, CCT-RN)
- Prepare copies of any labs, diagnostic studies, provider notes
- Prepare any transfer documents