### Guidelines for Transfer to a Trauma Center

**North Regional Trauma Coordinating Committee**

#### Emergency Transfer:
*Call the Trauma Center for immediate consult and/or acceptance. Avoid unnecessary studies that would delay the transfer. The goal is transfer within 1 hour of arrival.*

- Systolic blood pressure <90 mm Hg
- Labile blood pressure despite 2L of IV fluids or requiring blood products to maintain blood pressure
- GCS ≤8 or lateralizing signs
- Penetrating injuries to head, neck, chest or abdomen
- Fracture/dislocation with loss of distal pulses and/or ischemia
- Pelvic ring disruption or unstable pelvic fracture
- Vascular injuries with active arterial bleeding

#### Urgent Transfer:
*Call Trauma Center and initiate transfer as soon as any of the following are identified. Avoid unnecessary studies. The goal is transfer within 4 hours of arrival.*

**Physiologic**

- For a child, labile blood pressure despite 20 ml/kg of fluid resuscitation
- Patients requiring blood products to maintain their blood pressure

**Note:**
1. For pediatric patients, systolic blood pressure less than 70 plus 2 times the age should suggest hypotension
2. Systolic blood pressure <110 may represent shock in patients over 65 years of age

**Extremity Injuries**

- Amputation of extremity proximal to wrist or ankle
- Open long-bone fractures
- Two or more long bone fractures sites*
- Crush injury/mangled extremity

* A radius/ulna fracture or tibia/fibula fracture are considered one site.

**Neck & Thoracic Injuries**

- Tracheobronchial injury
- Esophageal trauma
- Great vessel injury
- Major chest wall injury with ≥3 rib fractures and/or pulmonary contusion
- Pneumothorax or hemothorax with respiratory failure.
- Radiographic evidence of aortic injury
- Known or suspected cardiac injury

**Neurological Injuries**

- GCS deteriorating by 2 points during observation
- Open or depressed skull fracture
- Acute spinal cord injury
- Spinal fractures, unstable or potentially unstable
- Neurologic deficit

**Abdominal Injuries**

- Evisceration
- Free air, fluid or solid organ injury on diagnostic testing

**Pelvic/Urogenital**

- Bladder rupture

**Burn Injuries**

- Second or third-degree thermal or chemical burns involving more than 10% of the total body surface area in patients under 15 years or over 55 years of age
- Second or third-degree thermal or chemical burns involving the face, eyes, ears, hands, feet, genitalia, perineum, and major joints
- Third-degree burns greater than 5% of the body surface area in any age group
- Electrical burns, including lightning injury
- Burn injury with inhalation injury

**Co-Morbid Factors**

- Adults greater than 55 years of age with significant trauma
- Significant torso injury with advanced co-morbid disease (cardiac or respiratory disease, insulin-dependent diabetes, morbid obesity, immunosuppression or End Stage Renal Disease requiring dialysis)
- Patients taking anti-coagulant medication or platelet inhibitors
- Children less than 14 years of age with significant trauma
- Traumatic injury and pregnancy greater than 20 weeks gestation

**Note:** All transfers must be in accordance with both state and federal EMTALA laws.

Reference: American College of Surgeons, Committee on Trauma, Interfacility Transfer of Injured Patients: Guidelines for Rural Communities, 2002