These guidelines are offered to assist in the appropriate transfer of trauma patients between non-trauma centers and trauma centers.

It is expected that these conditions or diagnoses should be discovered within a timely manner and efforts to transfer be initiated immediately upon discovery.

These are only recommendations. The ultimate determination for any medical treatment lies with the treating and/or consulting physician(s).

**GENERAL**

I. If a patient persistently meets trauma alert criteria or one of the following injury conditions, the patient should be transferred to a Trauma Center.

II. Within 30 minutes of the patient’s arrival at the hospital:
   A. The sending Emergency Physician will initiate definitive care required by the trauma alert patient; or
   B. The sending Emergency Physician will initiate procedures to transfer the trauma alert patient to a Trauma Center.

III. The sending Emergency Physician will consult the appropriate specialist(s) on call upon request of the receiving Trauma Center Surgeon.

IV. An unstable patient with abdominal injuries should be operated upon for hemostasis prior to transfer. If no surgeon is available, such a patient would be transferred.

V. The sending Emergency Physician should not perform in-depth work-ups, imaging and consultations if this will delay the patient from receiving the medical benefits reasonably expected from the provision of appropriate medical treatment at the Trauma Center.

VI. Prior to transfer, the sending Emergency Physician and/or surgeon should ensure stability of the patient’s airway, breathing, and circulation.

VII. If the patient is 65 years or older and meets one or more ELDER GRAY-AREA conditions, consider transferring that patient to a trauma center.

**HEAD AND SPINE INJURIES**

- Sustained GCS of 12 or less, or a decrease of 2 or more points from the time of injury
- Open or depressed skull fracture
- Basilar skull fracture
- Brain hemorrhage
- Meningeal hemorrhage
- Presentation of new neurological deficits
- Spinal cord injury, or major/ unstable vertebral injury
- Subluxations
- Open spinal wounds
- Neurogenic shock

**CHEST INJURIES**

- Pneumothorax, tension pneumothorax, or hemorthorax with persistent respiratory insufficiency, or with persistent hemorrhage, or appropriate thoracostomy tube placement
- Flail chest
- Pulmonary contusion with respiratory insufficiency
- Cardiac tamponade, or other cardiac injury
- Aortic disruption
- Diaphragmatic hernia
- Tracheobronchial tree injuries
- Esophageal trauma
- Wide mediastinum on upright CXR, or other signs suggesting great vessel injury

**ABDOMINAL INJURIES**

- Hemodynamically unstable patients with physical evidence of abdominal trauma, without surgeon evaluation within 30 minutes and/or without capability for surgical intervention within 60 minutes
- Solid organ injury without immediate surgical capability
- Ruptured hollow viscus

**ORTHOPEDIC INJURIES**

- Open pelvic injury
- Pelvic fracture with evidence of continuing hemorrhage
- Unstable pelvic ring disruption with concomitant abdominal, chest or head injury
- One or more open long bone fractures with concomitant abdominal, chest or head injury
- One or more open long bone fractures, with no orthopedic surgeon available, or after fracture site(s) has (have) been appropriately cleaned/irrigated by an orthopedic surgeon
- Fracture/dislocation with loss of distal pulses after realignment, with either concomitant abdominal, chest or head injury, or no vascular or orthopedic surgeon available
- Pediatric fractures, with either concomitant abdominal, chest or head injury, with no vascular or orthopedic surgeon available

**BURN INJURIES**

Burns injuries, including flash/fire, chemical, scalding, contact, electrical or lightning, are to be transferred to a burn center as follows:

- Second degree burns over 10% total body surface area in children under 15 years old; or over 15% total body surface area in adults
- Second or third degree burns involving the face, eyes, ears, hands, feet, genitalia, perineum, and major joints
- Third-degree burns greater than 5% of the total body surface area in any age group
- Electrical burns, including lightning injury
- Burns associated with inhalation or other significant major injury or pre-existing disease
- Circumferential extremity burns

**ELDER GRAY-AREA CRITERIA (>65 years)**

**Mechanism of injury:**

**Burns**

**Motor vehicle collision associated with:**

- Rapid deceleration of automobile (> 36 mph)
- Pedestrian
- Bicycle
- Golf cart
- Motorcycle
- Unrestrained vehicle occupant
- Significant passenger space invasion
- Prolonged extrication greater than 20 minutes
- Significant vehicular damage
- Rollover
- Fatality (other occupant)

Injuries associated with an above mechanism:

- Significant chest or pelvic trauma

**Other events associated with high-energy dissipation:**

- Fall (> 30 ft)
- Blast
- Traumatic injury and currently taking:

- Anticoagulants and blood thinners
- Cardiac medications such as beta blockers and antiarrhythmics
- Diabetic medications

**Traumatic injury and medical history of:**

- Cardiac
- CHF
- COPD
- Paralysis
- Dementia
- Recent surgery
- Organ transplant
- Diabetes