

## **Trauma Resuscitation & Transport Indications**

1-800-743-1334

## GENERAL PRINCIPLES:

- 1. Appropriate emergency interventions and expeditious transport to a trauma centre is associated with a better outcome for major trauma patients.
- 2. Perform only those diagnostic studies and therapies that influence immediate patient management before transport.
- 3. Early communication with the tertiary care trauma team leader and preparation for transport leads to decreased time to definitive care, which is associated with improved outcome.
- 4. Each hospital in Nova Scotia has different capabilities, resources, and personnel available for the resuscitation and treatment of major trauma. The following indications for tertiary trauma transport are guidelines only and should be individualized to specific institutions.
- 5. The above noted 1-800 number will give the sending institution universal access to **ground & air medical transport**; medical control physicians for air medical transport (AMT) and trauma team leader advice and consultation for Nova Scotia's two tertiary care hospitals is also via this number: **1-800-743-1334**.

## GENERAL CATEGORIES of MAJOR TRAUMA PATIENTS WHO MAY be CANDIDATES for TERTIARY CARE TRANSPORT:

- 1. Major/moderate head injury (see Trauma Procedure for specific head injury guidelines).
- Major pelvic injury.
- 3. Major burns (>15% BSA).
- 4. Spinal cords injuries or complex cervical thoracic or lumbar spine injuries.
- 5. Major traumatic vascular injuries.
- 6. Complicated facial fractures and injuries.
- 7. Local resources overwhelmed by three or more trauma patients at one time.
- 8. Trauma in pregnancy.

These guidelines represent general criteria and not specific clinical syndromes. Again, the resources of your hospital must be individually evaluated for each trauma case before transport decisions are made.