

Inter-Facility Trauma Transfer Protocol

Head

- GCS \leq 12 or a decrease of 2 or more points from time of injury
- Open or depressed skull fracture
- Basilar skull fracture
- Brain hemorrhage
- Meningeal hemorrhage
- Presentation of new neurological deficits

Thoracic Injury

- Complex pneumothorax, hemothorax, flail chest or pulmonary contusion with respiratory insufficiency after initial decompression
- Persistent hemorrhage after appropriate thoracostomy tube placement
- Aortic disruption
- Diaphragmatic hernia
- Tracheobronchial tree injury
- Esophageal trauma

Extremity Injuries

- Complex pelvic fractures
- Two or more long bone fractures
- Major vascular injuries documented by arteriogram or loss of distal pulses
- Amputation of extremity proximal to wrist or ankle
- Major degloving injury proximal to wrist or ankle



Spine

- Fractures, unstable or potentially unstable
- Subluxations
- Neurogenic Shock
- Open spinal wounds

Abdominal Injuries

- Conditions requiring celiotomy with concomitant trauma
- Positive diagnostic test demonstrating intra-abdominal injury
- Penetrating wound of the abdomen with suspicion of penetration of the peritoneum
- Ruptured hollow viscus
- Solid organ injury

Burns

- Partial thickness burns greater than 10% total body surface area (TBSA)
- Burns that involved the face, hands, feet, genitalia, perineum, or major joints
- Third degree burns in any age group
- Electrical burns, including lightning injury
- Chemical burns
- Inhalation injury
- Burns in patients with preexisting medical disorders that could complicate management, prolong recovery, or affect mortality

General Instructions

- Identify patients exhibiting the above conditions and immediately initiate the emergency transfer process upon discovery as it is expected that these conditions/diagnosis will be discovered in a timely manner.
- Pediatric trauma patients are defined as 15 years or younger and should be transferred to the closest Level 1 Pediatric Trauma Center.
- Sending Emergency Physician should not postpone the transfer to perform in-depth work-ups (i.e. imaging, consultation) in hospitals with no surgical capability if this could delay the patient from receiving the benefits of appropriate medical treatment at a trauma center.
- Questions or concerns - please contact Trauma Management Agency (954) 357-5234. Disputes and resolutions will be handled through the Trauma Management Agency and all parties involved.



Remember 911 should always be called to initiate transport of these patients



Adult Trauma Center

Broward Health North
(954) 786-6967

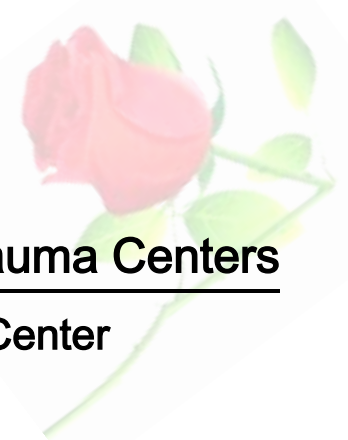
Adult and Pediatric Trauma Centers

Broward Health Medical Center

(954) 355-5804

Memorial Regional Hospital

(954) 265-6338



Broward County's Trauma System - Saving lives through cooperative care and professionalism