

HOSPITAL DESTINATION

UPDATED: 3/08/2012



K. WEBER, MD

D. WILSON, MD

Introduction

Destination choices should be based on the following:

1. Patient's request
2. Request by family, primary care physician, or caretaker
3. Nature and severity of the patient's condition
4. Proximity to hospital
5. Specialty care provided by a particular facility

If the patient has no hospital preference, transport them to the closest appropriate hospital, utilizing the Arkansas River as the dividing line. Scenes south of the river go to St. Mary Corwin and north of the river go to Parkview. If a certain hospital choice was made based on your judgment of the patient's situation, it must be clearly documented in your narrative.

Trauma Patients

All trauma patients without a specific hospital request will be triaged in accordance with the State of Colorado Statewide Emergency Medical and Trauma Care System. Patients who meet trauma center criteria should be transported to the closest appropriate trauma center. Those patients who choose to bypass the appropriate trauma center must do so based on informed consent. This decision will be made after the crew informs the decision maker of the situation, patient condition and the possible ramifications of their decision. If the decision maker is not able to make a rational decision and understand the potential ramifications of that decision, then State Trauma guidelines will be followed.

Adult Trauma criteria necessitating transport to Parkview Medical Center

1. Systolic BP < 90 mmHg
2. Penetrating trauma to neck, abdomen or thorax

Pediatric Trauma criteria necessitating transport to closest trauma center

1. Significant blunt trauma with at least one of the following:
2. Tachycardia for age plus at least 2 signs of poor perfusion
3. Capillary refill > 2 seconds
4. Cool extremities
5. Decreased pulse strength
6. Altered mental status
7. Respiratory distress
8. BP < lower limits for age
9. Altered mental status (GCS < 10) with significant head trauma
10. Spinal cord injury with neurological deficit
11. Penetrating trauma to head, neck, abdomen or thorax
12. Flail chest
13. Amputation above wrist or ankle
14. Pedestrian hit at > 20 mph or thrown > 15 ft
15. Spinal cord injury with neurological deficit
16. Falls > 20 feet
17. High energy transfer situations
18. Auto crash with significant vehicle body damage

HOSPITAL DESTINATION

UPDATED: 3/08/2012



K. WEBER, MD

D. WILSON, MD

19. Motorcycle, ATV, bicycle accident

Special Notes

1. Just because the patient meets trauma criteria, a Code 3 return is not necessarily indicated. Refer to the Code 3 protocol for more details.
2. If both hospitals are on divert, then both hospitals are not on divert
3. If a patient specifically requests to go to a diverting hospital, then that patient should be taken to the hospital of their choice, and the receiving hospital should be notified either by phone or during the radio report.
4. **Trauma patients that are transported will require a trauma band.**

Parkview West Exclusion Criteria

Pueblo West is in a state of growth, part of which being the construction of a new Emergency Room. At present, due to the lack of specialists that will be present or available, there are certain circumstances that will necessitate the longer trip into Pueblo - to either St. Mary Corwin Hospital or to Parkview Main. The following list of patient complaints is to be considered **EXCLUSION CRITERIA** for Parkview West:

1. Mental health Patients
2. SANE
3. Hemodynamically unstable
4. Level 1 trauma
5. Level 2 trauma
6. CVA
7. STEMI
8. Any patients that are going to possibly require admission to the receiving facility.

HOSPITAL DESTINATION

UPDATED: 3/08/2012

KJW

K. WEBER, MD

D. WILSON, MD

PREHOSPITAL TRAUMA TRIAGE ALGORITHM GUIDELINE FOR PUEBLO COUNTY

STEP 1 – RESPIRATORY			GROUND TRANSPORT	AIR TRANSPORT
1. UNABLE TO ADEQUATELY VENTILATE		YES →	TRANSPORT TO APPROPRIATE DESIGNATED TRAUMA CENTER	TRANSPORT TO APPROPRIATE DESIGNATED TRAUMA CENTER
NO ↓				
STEP 2 – PHYSIOLOGY				
CHILDREN (AGE 0 –12) OR < 5 FT IN HEIGHT	ADULT			
1. INTUBATION OR 2. RESPIRATORY DISTRESS OR 3. CAPILLARY REFILL > 2 SEC OR B/P ABNORMAL FOR AGE (<70 + 2X AGE) OR 4. GCS SCORE ≤ 5	1. INTUBATION OR 2. SYSTOLIC BP < 90 OR 3. RESPIRATORY RATE < 10 OR > 29 WITH DISTRESS OR 4. GCS SCORE ≤ 5	YES →	TRANSPORT TO HIGHEST DESIGNATED TRAUMA CENTER	TRANSPORT TO HIGHEST DESIGNATED TRAUMA CENTER
NO ↓				

HOSPITAL DESTINATION

UPDATED: 3/08/2012

KJW

K. WEBER, MD

D. WILSON, MD

<p>STEP 3—ANATOMY</p> <p>(ANY ONE OF THE BELOW)</p>			
<p>1. PENETRATING INJURIES – HEAD, NECK, TORSO, PELVIS 2. FLAIL CHEST 3. BILATERAL FEMUR FRACTURES 4. UNSTABLE PELVIS OR SUSPECTED PELVIC FRACTURE 5. PARALYSIS OR EVIDENCE OF SPINAL CORD INJURY 6. AMPUTATION ABOVE THE WRIST OR ANKLE 7. SIGNIFICANT BURNS 8. UNREACTIVE OR UNEQUAL PUPILS</p>	<p>YES →</p>	<p>TRANSPORT TO CLOSEST DESIGNATED TRAUMA CENTER, EXCEPTION: ALL PENETRATING INJURIES WILL BE TRANSPORTED TO THE HIGHEST TRAUMA CENTER</p>	<p>TRANSPORT TO CLOSEST DESIGNATED TRAUMA CENTER EXCEPTION: ALL PENETRATING INJURIES WILL BE TRANSPORTED TO THE HIGHEST TRAUMA CENTER</p>
<p>NO ↓</p>			

HOSPITAL DESTINATION

UPDATED: 3/08/2012

KJW

K. WEBER, MD

D. WILSON, MD

<p>STEP 4—MECHANISM</p> <p>(ANY ONE OF THE BELOW)</p>			
<ol style="list-style-type: none"> 1. EJECTION FROM MOTOR VEHICLE / CONVEYANCE 2. HIGH ENERGY DISSIPATION 3. EXTRICATION > 20 MIN WITH AN INJURY 4. FALLS > 15 FEET (ADULTS); 2X'S HEIGHT OF CHILD OR ELDERLY WITH SUSPECTED RIB FRACTURES 5. PEDESTRIAN, MOTORCYCLIST OR PEDAL CYCLIST THROWN >15 FT. OR RUN OVER 6. UNRESTRAINED OCCUPANT IN VEHICLE ROLL OVER 7. DEATH OF SAME CAR OCCUPANT 8. SIGNIFICANT ASSAULT 9. EXPOSURE TO BLAST OR EXPLOSION 10. SIGNIFICANT CRUSH INJURY 11. INTRUSION OF VEHICLE OF \geq 12" IN OCCUPANT COMPARTMENT 12. SUSPECTED NON ACCIDENTAL TRAUMA 	<p>YES</p> <p>→</p>	<p>TRANSPORT TO APPROPRIATE DESIGNATED TRAUMA CENTER</p>	<p>TRANSPORT TO APPROPRIATE DESIGNATED TRAUMA CENTER</p>
<p>NO ↓</p>			
<p>STEP 5 – CO-MORBIDITY CONSIDERATIONS</p> <p>(ANY ONE OF THE BELOW)</p>			

HOSPITAL DESTINATION

UPDATED: 3/08/2012

KJW

K. WEBER, MD

D. WILSON, MD

1. EXTREMES OF AGES <5 AND > 55 YEARS OF AGE 2. EXTREME HEAT OR COLD 3. MEDICAL ILLNESS (SUCH AS COPD, CHF, RENAL FAILURE, DIABETES, ETC.) 4. PRESENCE OF INTOXICANTS 5. PREGNANCY 6. EMT CLINICAL SUSPICION OF OCCULT INJURY	YES →	TRANSPORT TO APPROPRIATE DESIGNATED TRAUMA CENTER	TRANSPORT TO APPROPRIATE DESIGNATED TRAUMA CENTER
NO ↓ TRANSPORT TO CLOSEST APPROPRIATE HOSPITAL			

Notes:

1. Patient and/or family hospital request can be granted with informed consent if bypassing a closer trauma center
2. This algorithm may be modified for multiple casualty incidents
3. This algorithm applies to both air and ground scene transports
4. Discretion of prehospital personnel based on above factors may determine transport
5. The SCRETAC recognizes that the identification of specific injuries on scene may be limited
6. See attached narrative for further explanation

SPECIAL AIR TRANSPORT CONSIDERATIONS:

Consider calling for air transport when:

HOSPITAL DESTINATION

UPDATED: 3/08/2012



K. WEBER, MD

D. WILSON, MD

1. Multiple casualties that exceed ground transport capabilities
2. If estimated that flight will decrease response and/or transport time by > 20 minutes
3. Areas that are inaccessible by ground ambulance

Consider transferring patient from scene to specialty care facility or higher level trauma center via flight when you have a(n):

- Intubated pediatric patient (< 12 years old)
- Critically ill or injured pediatric patients ages 0-18
- Amputation with possibility for re-implantation
- Significant burns are defined by County Protocol as greater than 15% body surface area

PUEBLO COUNTY HOSPITAL INFORMATION:

There are three hospitals in Pueblo County; St. Mary Corwin Hospital is a Level 3 Trauma Center, Parkview Medical Center is a Level 2 Trauma Center, and Parkview West is a Level 4 Trauma Center. Refer to the Pueblo County Hospital Destination protocol for more information.