

# PATIENT CRITERIA FOR HOSPITALS TO ENTER PATIENTS INTO THE TRAUMA SYSTEM

# THE ALABAMA TRAUMA SYSTEM IS UNIQUE

- NOT ONLY ARE THE TRAUMA HOSPITALS INSPECTED AND CERTIFIED BUT ALSO THEIR CRITICAL RESOURCES ARE CONSTANTLY MONITORED BY COMPUTER AT THE ALABAMA TRAUMA COMMUNICATIONS CENTER (ATCC)
- ONLY PATIENTS WITH LIFE-THREATENING OR POTENTIALLY LIFE-THREATENING INJURIES ARE PUT INTO THE SYSTEM (about 10% of injured patients)
- AMBULANCES ARE DIRECTED TO THE RIGHT TRAUMA CENTER BY A SINGLE COMMUNICATIONS CENTER (ATCC) THAT CAN IMMEDIATELY SEE THE STATUS (**RED - UNAVAILABLE** OR **GREEN - AVAILABLE**) OF EVERY TRAUMA CENTER

# HOW DOES THE SYSTEM WORK?

- THE EMTS IN THE FIELD HAVE BEEN TRAINED IN THE INJURY CRITERIA TO PUT PEOPLE INTO THE TRAUMA SYSTEM
- WHEN THEY FIND A PATIENT THAT MEETS ENTRY CRITERIA THEY CALL THE ATCC AND ENTER THE PATIENT INTO THE SYSTEM
  - EACH PATIENT IS GIVEN A UNIQUE IDENTIFIER NUMBER
  - NAMES ARE NEVER USED
- THE ATCC AND THE EMT DECIDE WHICH READY HOSPITAL WOULD BE RIGHT FOR THE PATIENT USING THE SECONDARY CRITERIA IN THE REGIONAL TRAUMA PLAN AND THE SCREEN SHOWING AVAILABLE TRAUMA CENTERS

**Systems**    **Trauma, Stroke and Cardiac System Resources**

T   S   C   ED-T   ED   ANES   OR   X-RAY   TICU   TS   SS   OS   NS   CT   SICU   Neuro   CCU   Card   CLab

System	T	S	C	ED-T	ED	ANES	OR	X-RAY	TICU	TS	SS	OS	NS	CT	SICU	Neuro	CCU	Card	CLab
Athens-Limestone	3			■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Crestwood Med Center	3				■	■	■	■	■	■	■								
Cullman Regional	3			■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Decatur General	2				■	■	■	■	■	■	■	■	■						
Eliza Coffee	3			■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Huntsville Hospital	1			■	■	■	■	■	■	■	■	■	■	■					
Marshall North	3			■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Marshall South	3				■	■	■	■	■	■	■								
Parkway Medical	3			■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Russellville Hospital	3				■	■	■	■	■	■	■								

WHAT IF THE PATIENT  
COMES BY PRIVATE  
VEHICLE OR THE PATIENT  
COMES BY EMS BUT THE  
EMT DID NOT REALIZE THE  
PATIENT WAS BAD ENOUGH  
TO BE PUT INTO THE  
SYSTEM?

# SCENARIO #1

- You are a community hospital and don't have the resources to care for a trauma patient, or
- You are a trauma center but:
  - You don't have the critical resources needed to take a new patients (are “RED”) or
  - The patient needs a higher level of care than you can provide

IN THIS SITUATION YOU SHOULD RAPIDLY EVALUATE THE PATIENT TO SEE IF HE/SHE MEETS CRITERIA FOR A HOSPITAL TO ENTER HIM/HER INTO THE SYSTEM

INJURY CRITERIA FOR  
HOSPITAL EMERGENCY  
DEPARTMENT PERSONNEL  
TO ENTER A PATIENT INTO  
THE TRAUMA SYSTEM



**NOTE: THIS CRITERIA IS FOR  
PATIENTS PRESENTING TO ANY  
EMERGENCY DEPARTMENT, NOT  
FOR PATIENTS ALREADY  
ADMITTED TO A HOSPITAL**

**ALL HOSPITALS, NOT JUST TRAUMA  
CENTERS, CAN ENTER PATIENTS INTO THE  
TRAUMA SYSTEM**

- **PHYSIOLOGICAL CRITERIA IS PRESENT ON ARRIVAL OR DEVELOPS DURING EVALUATION**
- A systolic BP < 90 mm/Hg in an adult **or child 6 years or older**
  - **< 80 mm/Hg in a child Less than 6 years old.**
- Respiratory distress - rate < 10 or >29 in adults, **or**
  - **<20 or >60 in a newborn**
  - **< 20 or > 40 in a child three years or younger**
  - **<12 or >29 in a child four years or older.**
- Head trauma with Glasgow Coma Scale score of 13 or less **or head trauma with any neurologic changes in a child five or younger.**
  - The level of trauma center to which this patient would be transferred would depend on regional secondary triage criteria. Generally only GCS scores of 9 or less are triaged to a Level I Trauma Hospital unless the CT scan reveals intracranial bleeding.

THESE PATIENTS ARE  
GENERALLY TRANSFERRED  
TO A LEVEL ONE TRAUMA  
CENTER IF THEY ARE  
STABLE ENOUGH FOR  
TRANSFER

IN SOME CASES YOUR  
SURGEON MAY HAVE TO  
OPERATE TO CONTROL THE  
BLEEDING IN ORDER TO  
STABILIZE A PATIENT FOR  
TRANSFER

# IF YOU NEED TO TRANSFER THE PATIENT:

- CALL THE ATCC (1-800-359-0123)
- DESCRIBE THE PATIENT'S INJURIES TO THE ATCC (get the ATCC number and place on chart)
- TELL THEM IF YOU DON'T HAVE THE RESOURCES TO CARE FOR THE PATIENT
- THE ATCC WILL TELL YOU THE CLOSEST READY HOSPITAL (GREEN) WITH THE NEEDED RESOURCES
- YOU CAN SEND THEM DIRECTLY THERE
  - YOU DO NOT HAVE TO TALK TO THE RECEIVING SURGEON (THE HOSP HAS SIGNIFIED ACCEPTANCE BY TURNING ITSELF GREEN)
  - THE ATCC CAN HELP ARRANGE TRANSPORT

- **ANATOMIC CRITERIA IS PRESENT ON ARRIVAL OR IS FOUND DURING EVALUATION (STABLE VITAL SIGNS)**

- The patient has a flail chest.
- The patient has two or more obvious proximal long bone fractures (humerus, femur).
- The patient has a penetrating injury of the head, neck, torso, or groin, associated with an energy transfer.
- The patient has in the same body area a combination of trauma and burns (partial and full thickness) of 15% or greater.
- The patient has an amputation proximal to the wrist or ankle.
- The patient has one or more limbs which are paralyzed.
- The patient has a pelvic fracture demonstrated by x-ray or other imaging technique.
- Significant internal injuries are found during hospital evaluation and the referring hospital does not have the surgical resources to manage them.

THESE PATIENTS ARE  
GENERALLY TRANSFERRED  
TO A LEVEL ONE OR LEVEL  
TWO TRAUMA CENTER  
UNLESS THE LEVEL THREE  
TRAUMA CENTER HAS THE  
RESOURCES TO TREAT  
THEM

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- TELL THEM IF YOU DON'T HAVE THE RESOURCES TO CARE FOR THE PATIENT
- THE ATCC WILL TELL YOU THE CLOSEST READY HOSPITAL (**GREEN**) WITH THE NEEDED RESOURCES
- THE ATCC WILL CONNECT YOU WITH A RECEIVING DOCTOR TO DISCUSS THE PATIENT'S TRANSFER
  - **SINCE THE PATIENT HAS STABLE VITAL SIGNS THE RECEIVING DOCTOR MUST OK THE TRANSFER**
  - **IF THE TRAUMA CENTER REFUSES THE TRANSFER YOU WILL HAVE TO GO THROUGH REGULAR EMTALA TRANSFER PROCEDURES AND NOT THE ATCC**
  - **ALL CONVERSATIONS ARE RECORDED AND ALL TRANSFERS AND REFUSED TRANSFERS ARE REVIEWED BY THE REGIONAL QI COMMITTEE**



- **Burn Criteria:**
- Indications for entering the patient into the trauma system and transferring to a burn center include the following:
  - 1. Partial thickness burn of greater than 10% of the total body surface area.
  - 2. Burns that involve the face, hands, feet, genitalia, perineum, or major joints.
  - 3. Third-degree burns in any age group.
  - 4. Electrical burns, including lightning injury.
  - 5. Chemical burns.
  - 6. Inhalation injury.
  - 7. Burn injuries in patients with preexisting medical disorders that could complicate management, prolong recovery, or affect mortality.
  - 8. Any patient with burns and concomitant trauma (such as fractures) in which the burn injury poses the greatest risk of morbidity or mortality. In such cases, if the trauma poses the greater immediate risk, the patient's condition may be stabilized initially in a trauma center before transfer to a burn center.
  - **9 Burned children in hospitals without qualified personnel or equipment for the care of children.**
  - 10. Burn injury in patients who will require special social, emotional, or rehabilitative intervention

# IF YOU NEED TO TRANSFER THE BURN PATIENT:

- CALL THE ATCC (1-800-359-0123)
- DESCRIBE THE PATIENT'S INJURIES TO THE ATCC (get the ATCC number and place on chart)
- TELL THEM IF YOU DON'T HAVE THE RESOURCES TO CARE FOR THE PATIENT
- THE ATCC WILL TELL YOU THE CLOSEST GREEN BURN CENTER WITH THE NEEDED RESOURCES
- THE ATCC WILL CONNECT YOU WITH A RECEIVING DOCTOR TO DISCUSS THE PATIENT'S TRANSFER
  - **SINCE THE PATIENT HAS STABLE VITAL SIGNS THE RECEIVING DOCTOR MUST OK THE TRANSFER**
  - **IF THE TRAUMA CENTER REFUSES THE TRANSFER YOU WILL HAVE TO GO THROUGH REGULAR EMTALA TRANSFER PROCEDURES AND NOT THE ATCC**
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MECHANISM OF INJURY AND  
EMERGENCY MEDICINE  
PHYSICIAN DISCRETION ARE  
NOT CONSIDERED REASONS  
FOR TRANSFER OF STABLE  
PATIENTS

IF THE PATIENT IS STABLE  
YOU SHOULD NOT NEED TO  
TRANSFER HIM/HER UNLESS  
YOU FIND AN OCCULT LIFE-  
THREATENING INJURY

## SCENARIO #2

YOU ARE A TRAUMA CENTER  
AND ARE READY FOR A NEW  
PATIENT (STATUS “GREEN”)

IN THIS SITUATION YOU  
SHOULD RAPIDLY EVALUATE  
THE PATIENT TO SEE IF  
HE/SHE MEETS CRITERIA  
FOR A HOSPITAL TO ENTER  
HIM/HER INTO THE SYSTEM

- **PHYSIOLOGICAL CRITERIA IS PRESENT ON ARRIVAL OR DEVELOPS DURING EVALUATION**
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  - The patient has an amputation proximal to the wrist or ankle.
  - The patient has one or more limbs which are paralyzed.
  - The patient has a pelvic fracture demonstrated by x-ray or other imaging technique.
  - Significant internal injuries are found during hospital evaluation.



# IF YOU DON'T NEED TO TRANSFER THE PATIENT:

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- DESCRIBE THE PATIENT'S INJURIES TO THE ATCC (get the ATCC number and place on chart)
- TELL THEM YOU HAVE THE RESOURCES TO CARE FOR THE PATIENT AND WILL ADMIT HIM/HER
- **NOTE: IT IS VERY IMPORTANT TO ENTER THE PATIENT INTO THE SYSTEM AND RECORD THE ATCC IDENTIFICATION NUMBER FOR BOTH QI REASONS AND FINANCIAL REASONS**

- **Burn Criteria:**
- Indications for entering the patient into the trauma system and transferring to a burn center include the following:
  - 1. Partial thickness burn of greater than 10% of the total body surface area.
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  - 6. Inhalation injury.
  - 7. Burn injuries in patients with preexisting medical disorders that could complicate management, prolong recovery, or affect mortality.
  - 8. Any patient with burns and concomitant trauma (such as fractures) in which the burn injury poses the greatest risk of morbidity or mortality. In such cases, if the trauma poses the greater immediate risk, the patient's condition may be stabilized initially in a trauma center before transfer to a burn center.
  - **9 Burned children in hospitals without qualified personnel or equipment for the care of children.**
  - 10. Burn injury in patients who will require special social, emotional, or rehabilitative intervention

# IF YOU DON'T NEED TO TRANSFER THE PATIENT:

- **THIS IS UNLIKELY UNLESS YOU ARE A BURN CENTER**
- CALL THE ATCC (1-800-359-0123)
- DESCRIBE THE PATIENT'S INJURIES TO THE ATCC (get the ATCC number and place on chart)
- TELL THEM YOU HAVE THE RESOURCES TO CARE FOR THE PATIENT AND WILL ADMIT HIM/HER
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IF THERE ARE QUESTIONS  
YOU MAY CALL ME OR EMAIL ME

ELWIN CRAWFORD, MD  
MEDICAL DIRECTOR  
OFFICE OF EMS

PHONE: 334-206-5383

EMAIL:

[william.crawford@adph.state.al.us](mailto:william.crawford@adph.state.al.us)