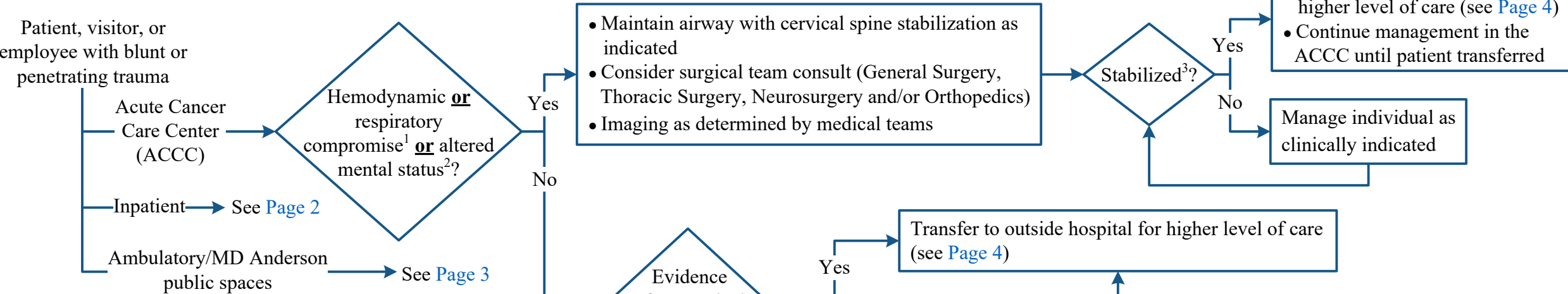


Triage, Stabilization and Transfer Process for Individuals with Trauma

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PRESENTATION AND ASSESSMENT



Note: Comorbid factors may increase the severity of injury

- Age ≤ 5 or > 70 years
- Significant cardiac or respiratory disease
- Diabetes, cirrhosis, end-stage renal disease, morbid obesity
- Bleeding disorders or currently taking anticoagulants
- Pregnancy
- Immunosuppression

¹ Hemodynamic or respiratory compromise is defined as: SBP < 90 mmHg, respiratory rate < 10 bpm or > 29 bpm

² Altered mental status is defined as Glasgow Coma Scale < 14 or motor score ≤ 5 [see [Appendix A: Glasgow Coma Scale \(GCS\)](#)]

³ If patient is not stabilized prior to transferring to another facility, continue to pursue a transfer if the individual requests the transfer or the expected benefits outweigh the increased risks of the transfer. See Emergency Medical Screening Examination, Stabilization, and Appropriate Transfers Policy (#CLN3280).

⁴ Anatomic injury includes the following:

- Open or depressed skull fracture
- Penetrating injury to head, neck, torso, and/or extremities proximal to elbow and knee
- Crushed, degloved, or mangled extremity
- Amputation proximal to wrist and ankle
- Pelvic fractures
- Paralysis or suspected spinal cord injury
- Flail chest
- Long bone fracture

⁵ Evidence of high-energy event includes the following:

- Falls > 20 feet (6 meters) in adults and > 10 feet (3 meters) or 2-3 times height in children
- High-risk auto crash:
 - Intrusion > 12 inches occupant site or 18 inches any site
 - Ejection (partial or complete) from vehicle
 - Death in same passenger compartment
- Auto vs. pedestrian/bicyclist thrown, run over, or with significant (> 20 mph) impact
- High-energy electrical injury
- Burns $> 10\%$ total body surface area and/or inhalation injury
- Tender or rigid abdomen

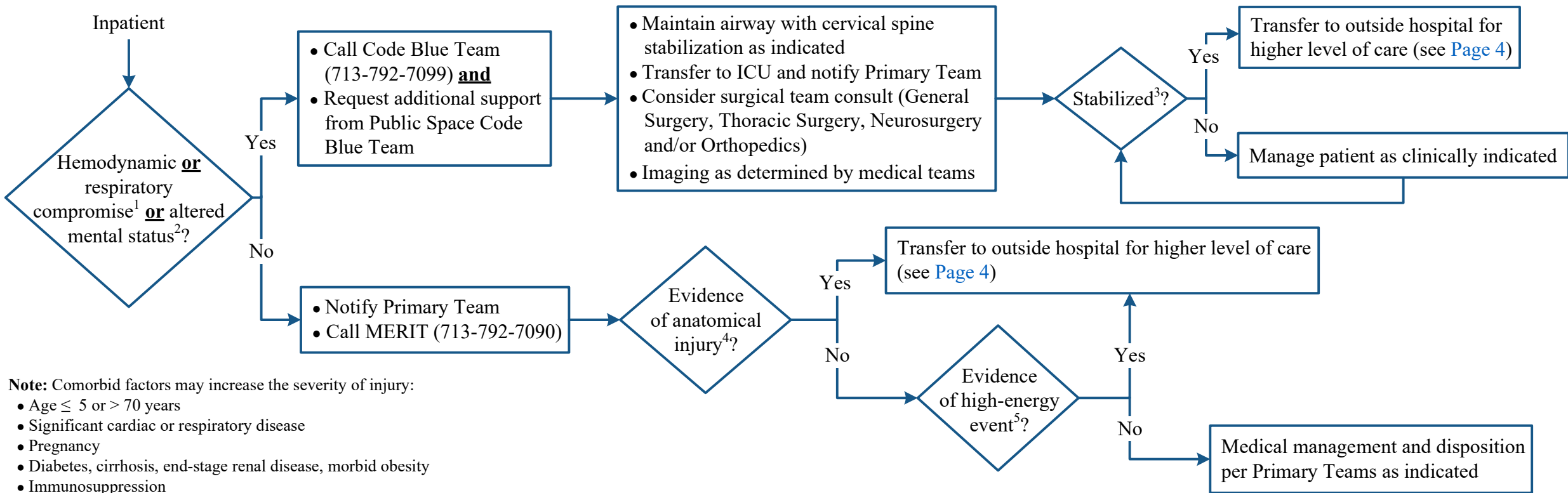
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PRESENTATION AND ASSESSMENT

DISPOSITION



Note: Comorbid factors may increase the severity of injury:

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¹ Hemodynamic or respiratory compromise is defined as: SBP < 90 mmHg, respiratory rate < 10 bpm or > 29 bpm

² Altered mental status is defined as Glasgow Coma Scale < 14 or motor score ≤ 5 [see [Appendix A: Glasgow Coma Scale \(GCS\)](#)]

³ If patient is not stabilized prior to transferring to another facility, continue to pursue a transfer if the individual requests the transfer or the expected benefits outweigh the increased risks of the transfer. See Emergency Medical Screening Examination, Stabilization, and Appropriate Transfers Policy (#CLN3280).

⁴ Anatomic injury includes the following:

- | | |
|--|---|
| • Open or depressed skull fracture | • Crushed, degloved, or mangled extremity |
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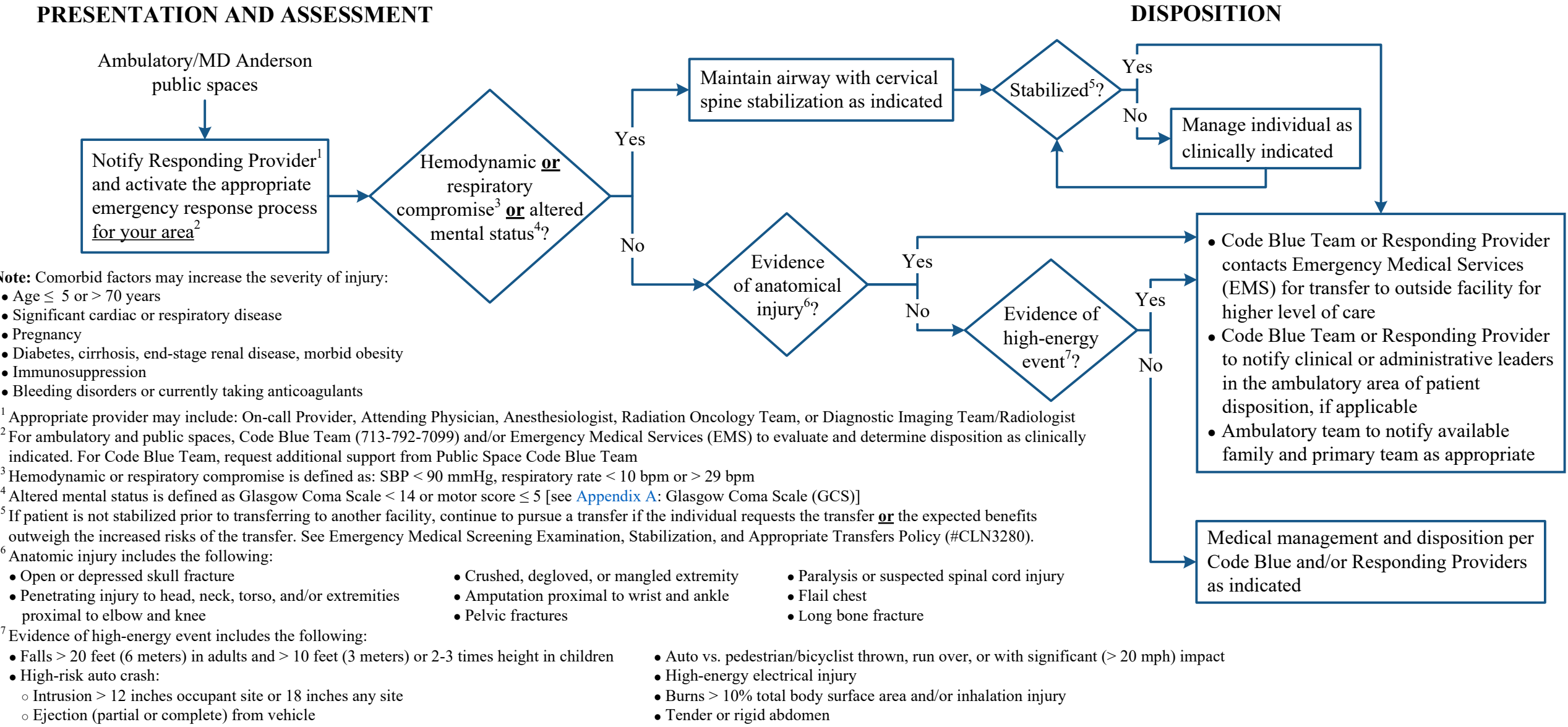
⁵ Evidence of high-energy event includes the following:

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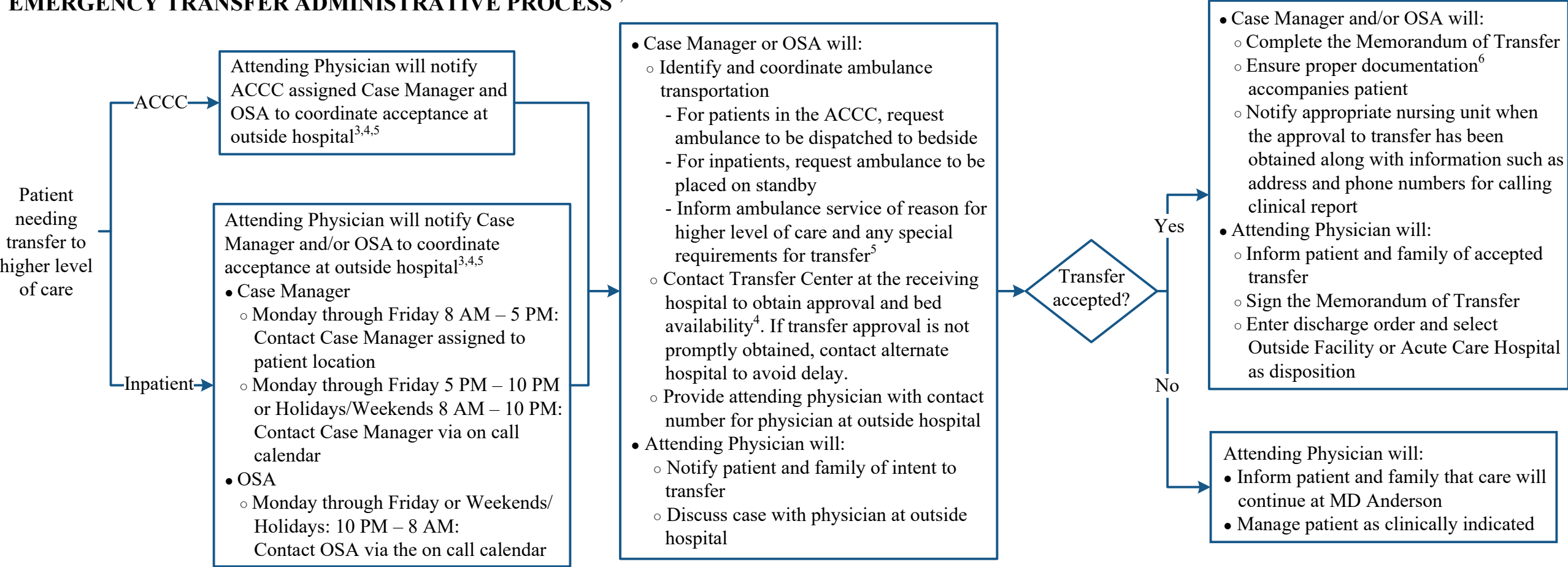
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EMERGENCY TRANSFER ADMINISTRATIVE PROCESS^{1,2}



OSA = off shift administrator

¹ If patient is not stabilized prior to transferring to another facility, continue to pursue a transfer if the individual requests the transfer **or** the expected benefits outweigh the increased risks of the transfer. See Emergency Medical Screening Examination, Stabilization, and Appropriate Transfers Policy (#CLN3280).

² Emergency Medical Treatment and Labor Act (EMTALA) generally does not apply for admitted patients. See Emergency Medical Screening Examination, Stabilization, and Appropriate Transfers Policy (#CLN3280).

³ See Transfer of Patients To, From, and Within MD Anderson Cancer Center Policy (#CLN0614)

⁴ Discuss with Attending Physician regarding preference for receiving hospital based on clinical scenario. See [Appendix B: Texas Medical Center \(TMC\) Hospital Contact Information](#).

⁵ Discuss with Attending Physician regarding required level of ambulance team (e.g., basic life support, advanced life support, critical care), equipment and special medications (e.g., infusion pumps, oxygen, ventilator), and special patient-specific factors (e.g., large body habitus, isolation status)

⁶ Documentation: • “Face sheet” • Diagnostic imaging films or CDs as indicated • Other documentation as appropriate
• Medical records to include a current reconciled medication list and transfer orders per primary care team

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APPENDIX A: Glasgow Coma Scale (GCS)¹

Item	Description	Score
Eye Opening Response	Spontaneous	4
	To verbal stimuli, command, speech	3
	To pain only (not applied to face)	2
	No response	1
Verbal Response	Oriented	5
	Confused conversation, but able to answer questions	4
	Inappropriate words	3
	Incomprehensible speech	2
	No response	1
Motor Response	Obeys commands for movement	6
	Localizes pain	5
	Withdraws in response to pain	4
	Flexion in response to pain	3
	Extension in response to pain	2
	No response	1

¹ GCS is obtained by adding the score from each parameter

APPENDIX B: Texas Medical Center (TMC) Hospital Contact Information

	Memorial Hermann TMC	Ben Taub Hospital
For Transfers:	Transfer Center (713) 704-2500	Transfer Center (713) 873-8601

Triage, Stabilization and Transfer Process for Individuals with Trauma

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SUGGESTED READINGS

ATLS Algorithms. (2010). https://anesth.unboundmedicine.com/anesthesia/view/Pocket-ICU-Management/534159/all/ATLS_Algorithms

Galvagno, S. M., Nahmias, J. T., & Young, D. A. (2019). Advanced Trauma Life Support® update 2019: Management and applications for adults and special populations. *Anesthesiology Clinics*, 37(1), 13-32. <https://doi.org/10.1016/j.anclin.2018.09.009>

MD Anderson Institutional Policy #CLN0614 – Transfer of patients To, From, and Within MD Anderson Cancer Center Policy

MD Anderson Institutional Policy #CLN3280 – Emergency Medical Screening Examination Stabilization, and Appropriate Transfers Policy

NB Trauma Program. (2018). Trauma Transfer Guidelines. <https://nbtrauma.ca/wp-content/uploads/2018/10/Trauma-Transfer-Guidelines-Aug-2018-bil.pdf>

Southeast Texas Regional Advisory Council SETRAC (TSA Q). (2018). Emergency medical services/trauma system plan. <https://www.setrac.org/wp-content/uploads/2017/09/Trauma-Plan-2018-revisions.pdf>

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DEVELOPMENT CREDITS

This practice consensus statement is based on majority opinion of the Emergent Triage/Transfer Process workgroup at the University of Texas MD Anderson Cancer Center for the patient population. These experts included:

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Delmy A. Vesho, MSN, RN (Nursing Administration)
Mary Lou Warren, DNP, APRN, CNS-CC♦
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♦ Clinical Effectiveness Development Team