

St. Luke's University Health Network – Warren Campus Transfer Criteria

Mandatory transfer is required for the critically injured adult and pediatric trauma patient with any of the following conditions:

HEAD/C-SPINE

1. Carotid or vertebral artery injury
2. Penetrating injuries or open fracture of the skull
3. Abnormal CT as defined as an acute finding consistent (or highly suspicious) of an acute traumatic injury
4. Spinal fracture or spinal cord deficit
5. GCS less than or equal to 14 or GCS deterioration (with the exception of patients whose normal baseline health status/GCS is equal to 14 or in patients with substance use/abuse influencing GCS. In these patients it is highly recommend that a minimal phone consultation with a neurosurgeon, that can view CT imaging, is completed prior to consideration for admission)

CHEST

1. Cardiac rupture
2. Widened mediastinum or other signs suggesting great vessel injury
3. Bilateral pulmonary contusion
4. Bilateral rib fractures (all) OR 2 or more unilateral rib fractures with the presence of pulmonary contusion
5. Significant torso injury with advanced comorbid disease (such as coronary artery disease, chronic obstructive pulmonary disease, type 1 diabetes mellitus, or immunosuppression)

PELVIS/ABDOMEN

1. Major abdominal vascular injury
2. Solid Organ injuries
3. Any patient requiring damage control laparotomy
4. Hemodynamically unstable pelvic fracture
5. Open/Complex pelvis/acetabulum fractures

SPINE

1. Any level of spine fracture with neurologic deficit
2. Neurologic deficit without spine fracture

EXTREMITIES

1. Fracture or dislocation with loss of distal pulses
2. Major burns or burns with associated injuries
3. Multiple long bone fractures
4. Major tissue necrosis

PEDIATRICS*: Age < 15 (less than or equal to 14) who:

1. Require admission to an ICU.
2. Exhibit signs of traumatic brain injury (structural abnormality on x-ray or CT, sustained
3. GCS < 15 for greater than 2 hrs, or neurological deterioration.)
4. Are being treated non-operatively for solid organ injuries.

*When transfer is necessary, pediatric trauma patients should be preferentially transferred to a Pediatric Trauma Center unless, in the judgment of the referring physician, transfer would excessively delay life-saving care that could be provided at a closer Level I or II.

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Consideration for Transfer: In addition to the above mandatory transfer a criterion, consideration is indicated in the following circumstances:

1. Patients receiving anticoagulant therapy which places the patient at significant risk for intracranial hemorrhage or intracranial bleeding.
2. Known cardiorespiratory or metabolic diseases (diabetes, obesity)
3. Pregnancy
4. Immunosuppression

Priority One Transfer Criteria

General

- Threatened/compromised airway or intubated patient
- Confirmed systolic BP < 90 mm Hg at any time (age > 10 years)
- Confirmed systolic BP < 70 mm Hg at any time (age < 10 years)
- Respiratory rate < 10 or > 29
- Patient receiving high volume crystalloid resuscitation or blood products
- Patient requiring tourniquet(s) to control hemorrhage
- Penetrating injury to head, neck, torso, axilla or groin
- Burns > 10% BSA
- Pediatric patient requiring surgical intervention

Neurotrauma

- GCS < 14
- Suspected spinal injury with paralysis
- Any acute intracranial hemorrhage on CT scan (EDH, SDH, SAH, ICH)
- Open / depressed skull fracture

Orthopaedic Trauma

- Traumatic amputation
- Crushed, de-gloved, mangled or pulseless extremity
- ≥ 2 long bone fractures
- Open fracture of femur / humerus
- Pelvis fracture with contrast extravasation (CT scan) / significant displacement

Chest Trauma

- Multiple rib fractures with pneumothorax, hemothorax, pulmonary contusion, flail segment or hypoxia (SpO2 < 93% on room air)

Abdominal Trauma

- Any solid organ injury with / without contrast extravasation
- Abdominal injury with pneumoperitoneum, free fluid or peritonitis
- Abdominal / pelvis injury with gross hematuria

Patients who meet Priority One transfer criteria will be transferred immediately. Transport will be by ALS / Critical Care-PHRN