Inter-hospital Major Trauma Transfer

**Does the trauma patient have abnormal vital signs meeting any of the VS criteria?**

- **Y**: Yes
  - **N**: No
  - **Contact Adult Retrieval Victoria or PIPER within 60 minutes**

**Does the patient have specific injuries meeting potential major trauma criteria?**

- **Y**: Yes
  - **N**: No
  - **Perform Complete Trauma Evaluation and observe for at least 2 hrs**

**Does the patient have high risk criteria (mechanism or personal)?**

- **Y**: Yes
  - **N**: No
  - **Perform appropriate assessment and observations**

**Has there been deterioration?**

- **Y**: Yes
  - **N**: No
  - **Provide required care, discharge and followup**

**Transport to a MTS (or appropriate destination)**

- **Isolated Adult Spinal Cord Injury**
  - **Isolated Head Injury in the Elderly**
  - **Adult Burns**
  - **Paediatric**
  - **Victorian Spinal Cord Service - Austin Health**
  - **MNS or MTS**
  - **Victorian Burns Service Alfred Health**
  - **Royal Children’s Hospital**

**High Risk Criteria for Major Trauma**

- **Ejection from vehicle**
- **Motor / cyclist impact > 30 kph**
- **Fall from height > 3 m**
- **Struck on head by object falling > 3 m**
- **Explosion**
  - **Y**: Yes
  - **N**: No

**All penetrating injuries (except isolated / superficial limb injuries)**

**Blunt injuries:**

- Serious injury to a single body region such that specialised care or intervention may be required, or such that life, limb or long term quality of life may be at risk.
- Significant Injuries involving more than one body region.

**Spinal trauma:**

- Significant spinal fracture.
- Minor spinal cord or nerve root injury.
- Presence of neurological deficits.
- In isolated spinal cord trauma, the patient should be transferred from a primary hospital to the Victorian Spinal Cord Service – Austin Health, paediatric patients should be transferred and managed at the Royal Children’s Hospital.

**Paediatric Trauma**

- Any of the above conditions when in children are indications for transfer in a paediatric patient.

**Obstetric Trauma**

- Evidence of fetal distress.
- Fetus beyond 24 weeks gestation.
- Possibility of trauma to the uterus.
- All obstetric major trauma patients should be transferred to the Royal Melbourne Hospital where they will have urgent obstetric assessment.

**Specific injuries – Major Trauma**

- **Blunt trauma:**
  - Serious injury to a single body region such that specialised care or intervention may be required, or such that life, limb or long term quality of life may be at risk.
  - Significant Injuries involving more than one body region.

- **Spinal trauma:**
  - Significant spinal fracture.
  - Minor spinal cord or nerve root injury.
  - Presence of neurological deficits.

- **Burns:**
  - Burns > 20% (adult) or 10% (child).
  - Suspected respiratory tract burns.
  - High Voltage Electrical Injury.

- **Neuro-trauma:**
  - Neurological deficits.
  - Skull fracture.
  - Abnormal CT scan findings.

**Inter-hospital Vitals Signs Major Trauma Criteria**

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<th>Age</th>
<th>Term-3 mths</th>
<th>4-11 mths</th>
<th>1-4 yrs</th>
<th>5-11 yrs</th>
<th>12-15 yrs</th>
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</table>

**Retrieval Service Case Assessment**

- **Has there been deterioration?**
- **Clinical advice and clinical preparation**
- **Patient condition deteriorates, interventions required, clinical instability**
- **Notify ARV / PIPER**
- **Video / Telehealth Linkage Teleconference**
- **Clinician consultation**

**ARV / PIPER Coordinates transfer logistics and appropriate crew**

**PIPER 28/07/2017 | Version 2.0 | Contact us: Trauma.Victoria@ambulance.vic.gov.au**