CarePoint Health
Hoboken University
Medical Center

POLICY AND PROCEDURE

Title: Trauma Patient Management		**Effective Date:** August 2021
Department: Emergency Department	**Page 1 of 2**	**Last Revised**: Aug 2021
Policy/Procedure Owner(s): Dr Rimmer/ Dr Enriquez/ Meghan Cisiewicz	**Attachment:**	**Approved By**: Dr J. Rimmer ED Director/ CMO Dr M. Enriquez Assistant ED Director Meghan Cisiewicz ED Nurse Manager
Purpose:		

To care for patients of trauma by providing emergency treatment and stabilization, and to establish prospective and objective transfer criteria to minimize discussion, expedite the process, ad ensure optimal care

Policy and Procedure:

Patients who present to the hospital with traumatic injuries will receive emergency care and stabilization to best of facility's trauma capabilities. While Hoboken University Medical Center is not a designated trauma center, it has the capability to care for many injuries with its available emergency medicine providers and on-call specialists.

Occasionally, a patient's injury emergently requires specialized trauma services or specialist care that is not available in the hospital. In these cases, patient will be transported to the nearest appropriate trauma center.

The following criteria will be considered in making decision to transport to trauma center:

Interhospital Transfer Criteria, ATLS Table 13.1*	
CLINICAL CIRCUMSTANCES THAT WARRANT INTERHOSPITAL TRANSPORT WHEN THE PATIENT'S NEEDS EXCEED AVAILABLE RESOUCES:	
Category	**Specific Injuries and Other Factors**
Central Nervous System	▪ Head injury ▪ Penetrating injury or depressed skull fracture ▪ Open injury with or without cerebrospinal fluid (CSF) leak ▪ GCS score < 15 or neurologically abnormal ▪ Lateralizing signs ▪ Spinal cord injury or major vertebral injury
Chest	▪ Widened mediastinum or signs of great vessel injury ▪ Major chest wall injury or pulmonary

	contusion ▪ Cardiac injury ▪ Patients who may require prolonged ventilation
Pelvis/Abdomen	▪ Unstable pelvic ring-disruption ▪ Pelvic-ring disruption with shock and evidenc of continuing hemorrhage ▪ Open pelvic injury ▪ Solid organ injury
Extremities	▪ Severe open fractures ▪ Traumatic amputation with the potential for replantation ▪ Complex Articular Injuries ▪ Major crush injuries ▪ Ischemia
Multisystem Injuries	▪ Multisystem injury with face, chest, abdominal, or pelvic injury ▪ Injury to more than two body regions ▪ Major burns or burns with associated injuries ▪ Multiple prolonged long-bone fracture
Comorbid Factors	▪ Age > 55 years ▪ Children < 5 years of age ▪ Cardiac or respiratory disease ▪ Insulin-dependent diabetes ▪ Morbid obesity ▪ Pregnancy ▪ Immunosupression
Secondary Deterioration (Late Sequelae)	▪ Mechanical ventilation required ▪ Sepsis ▪ Single or multiple organ system failure (deterioration in central nervous system , cardiac, pulmonary, hepatic, renal, or coagulation systems) ▪ Major tissue necrosis

Hoboken University Medical Center has an agreement with Jersey City Medical Center to expedite transfer of trauma patients. Transfer to other trauma or tertiary centers may also be considered if that facility can best handle the patient (eg, anticipated need for PICU services or designated burn center).

Hoboken University Medical Center will stabilize a trauma patient as much as possible within its capabilities. However, transfer of an unstable patient may have to occur to help facilitate the best outcome. Discussion with Accepting Physician should be direct and include pre-transfer diagnostic procedures and selection of mode of transport, equipment and personnel needed for optimal transport. Name of Accepting Physician at Trauma Center will be clearly documented in medical record and appropriate EMTALA transfer form completed.

All efforts will be made to obtain patient’s informed consent for transfer. If there is severe neurologic impairment preventing informed consent, and it is the best interest of the patient’s health, transfer will

be made.

Appropriate level of transport services will be determined after discussion between sending and receiving institution providers, and all attempts made to expedite EMS transport via appropriate means (BLS vs ALS). All other procedures as described in Policy titled “Emergency Department Transfer of Patient Care to Another Licensed Healthcare Facility” shall be followed.

Trauma cases will be periodically reviewed for quality of care and outcomes.

It is recommended any provider not actively board certified in Emergency Medicine maintain active ATLS certification.

References: Advanced Trauma Life Support Student Course Manual, 9th ed, c. 2013

NJ Admin Code § 8:43G-12.15

Trauma System Consultation, State Of NJ, 2008; American College of Surgeons