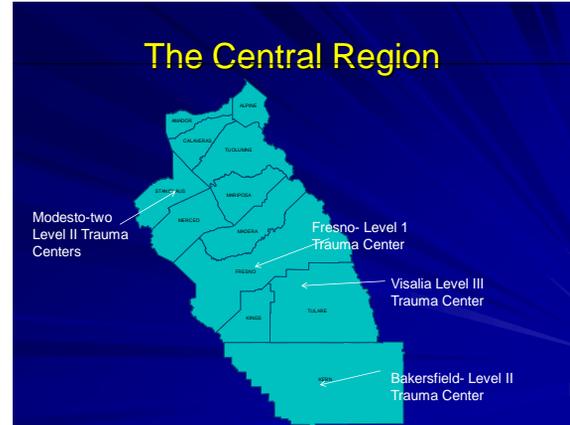
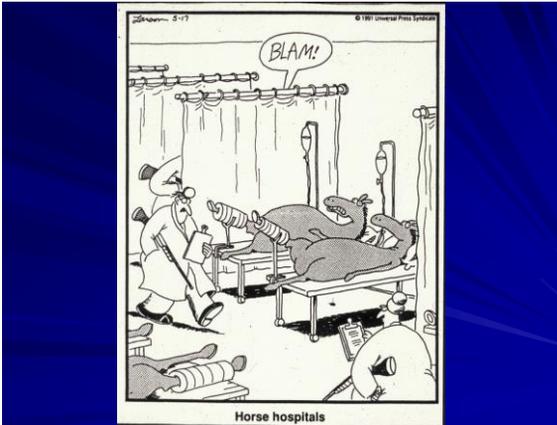


“Best Practices” Central RTCC

James W. Davis MD, FACS
Chief of Trauma UCSF/Fresno
Professor of Clinical Surgery UCSF
Chair, Central RTCC



- ### CRTCC Best Practices
- Transfer Poster (still)
 - Performance Improvement
 - Monthly Conference Call (coordinators)
 - Quarterly Regional Performance Improvement Meeting
 - System Issues
 - Adjudication of disputes
 - Geriatric Trauma Protocol

Trauma Transfer Poster

- Developed based upon recommendations from the American College of Surgeons
- Reflective of current practices
- Developed by all trauma centers and two local EMS Agency representatives within the region
- GOAL:
 - To improve uniformity of transfers
 - Decrease variability and therefore decrease error

EMERGENCY TRANSFER: Call Trauma Center immediately for immediate acceptance. Avoid unnecessary studies that would delay the transfer. The goal is to transfer the patient within 1 hour of arrival.

- Blood Pressure
 - Blood Pressure less than 90
 - Labile BP despite 2L of crystalloids
 - Patient requires blood products to maintain their blood pressure
- GCS
 - Less than or equal to 8 or lateralizing signs (intubate)
- Penetrating injuries to the head, neck, torso
- Fracture/dislocation with loss of distal pulses and/or ischemia
- Pelvic ring disruption or unstable pelvic fracture
- Vascular Injuries with active arterial bleeding

URGENT TRANSFER: Call Trauma Center and initiate transfer as soon as any of the following are identified. Avoid unnecessary studies that would delay the transfer. The goal is to transfer the patient less than 4 hours of arrival

- | | |
|--|---|
| <ul style="list-style-type: none"> ■ Central Nervous System <ul style="list-style-type: none"> – GCS deteriorating by 2 during observation – Open or depressed skull fracture – GCS less than 14 with abnormal CT scan (not meeting criteria above) – Spinal cord injury ■ Chest <ul style="list-style-type: none"> – Major chest wall injury with more than 2 unilateral rib fractures – Bilateral rib fractures with pulmonary contusion – Bilateral pulmonary contusions – Wide mediastinum or other signs suggesting great vessel injury – Cardiac injury ■ Pelvis/Abdomen <ul style="list-style-type: none"> – Intra-abdominal injury confirmed by CT scan or ultrasound demonstrating abdominal fluid ■ Major Extremity Injuries <ul style="list-style-type: none"> – Open long bone fractures – Two or more long bone fractures – Crush injury/mangled extremity | <ul style="list-style-type: none"> ■ Multi-System Trauma <ul style="list-style-type: none"> – Burns with associated injuries (Transfer to a combined Trauma/Burn Center) – Major injury to more than two body regions – Signs of hypo-perfusion with a base deficit worse than -5 ■ Other <ul style="list-style-type: none"> – Co-Morbid Factors (consider these special circumstances when deciding whether to transfer) <ul style="list-style-type: none"> ■ Adults greater than 55 years of age with significant trauma ■ Children less than 6 years of age with significant trauma ■ Significant torso injury with advanced co-morbid disease (cardiac or respiratory disease, insulin-dependent diabetes, morbid obesity, or immunosuppression) ■ Pregnancy greater than 20 weeks gestation ■ End Stage Renal Disease requiring dialysis |
|--|---|

CRTCC System Guidelines for Arranging for a Trauma Transfer

- Developed to expedite the transfer and ultimate care of the critically injured trauma patient
- Use conjunction with the "CRTCC Suggested Criteria for Consideration of Transfer to a Trauma Center".
- Contact the appropriate trauma center for transfer. Using the MIVT acronym, the follow information should be provided in a concise manner:
 - Age of patient
 - Mechanism of injury
 - Identified injuries
 - Vital sign and pertinent symptoms
 - Treatment initiated
- Contact EMS dispatch and request an ambulance or helicopter "stat"
- Send copies of all pertinent paperwork and a CD containing any radiological studies already done

CRTCC: Best Practices

- Performance Improvement
- Monthly conference calls with coordinators
 - Shared issues
 - Cases selected for quarterly meeting
- Quarterly Regional TAC
 - Adjudication of cases from TACS in region
 - System issues identified
 - Referral to STAC

CRTCC: Best Practices

- Geriatric Trauma Protocol (N Parks MD)
 - In development
 - Outlined major principles and practice
 - "fleshing out" specifics
- Significant interest from other regional trauma centers in protocol for best practice

Conclusion

- Californians deserve and must have an effective state-wide trauma system
- This **Center** will hold
- We must continue to move forward with this process

