



Interfacility Transfer of Injured Patients: Guidelines for Rural Communities

B. Scott R. Peterson, MD, FACS, and the Ad Hoc Commission on Rural Trauma, ACS Commission on Trauma

General Principles

1. The primary goal of injured patient care is to provide the best possible care in the local hospital, and to arrange for a high level of care if not necessary.
2. Physicians should evaluate the patient's capabilities and the level of care in the community. This evaluation should include recognition of a patient who may be able to be cared for in the local hospital and who is likely to benefit from an intervention that can provide optimal care.
3. Once the need for transfer is recognized, arrangements should be expedited and no delay in diagnostic procedures should change the immediate plan of care.
4. When possible, life-threatening injuries may be stabilized at the local facility prior to transport. This evaluation may be done in the emergency room where the patient is in the best possible condition for transport. In the emergency room, a clinical decision.

DO NOT DELAY

Transfer Protocols

Referring Physician

Interhospital Triage Criteria

Patient with certain specific injury or combination of injuries (a critical hemorrhage in the brain) or a patient who has a high quality finding indicating high-energy mechanism of injury and a candidate for evaluation.

The following criteria suggest the need for evaluation; however, these criteria may vary in individual hospitals.

Central Nervous System

- Head injury
 - Penetrating injury or depressed skull fracture
 - Open injury with or without CSF leak
 - GCS score < 14 or GCS deterioration
 - Lacerating laceration

Spinal cord injury

Chest

- Widened mediastinum or hemothorax suggesting great vessel injury
- Major chest wall injury or flail chest
- Cardiopulmonary (blunt or penetrating)
- Patient who may require prolonged ventilation

Pelvis/Abdomen

- Unstable pelvic injury
- Pelvic fracture with evidence of continuing hemorrhage
- Open pelvic injury
- Solid organ injury

Major Extremity Injuries

- Fracture/dislocation of humerus or distal femur
- Open long bone fracture
- Circumferential or prolonged extremity ischemia

Multiple System Injury

- Head injury combined with face, chest, abdominal, or pelvic injury
- Major burn or burn with associated injury
- Multiple long bone fractures
- Injury to two or more body regions

Comorbid Factors

- Age < 5 years or > 55 years
- Known cardiac or renal or metabolic disease (diabetes, obesity)
- Pregnancy
- Immuno-suppression

Secondary Deterioration (Late Sequelae)

- Prolonged mechanical ventilation, especially
- Seizures
- Single or multiple organ system failure (deterioration in CNS, cardiac, renal, coagulation system)
- Major infection

Adapted from ACS Committee on Trauma: *Resources for Optimal Care of the Injured Patient*, 1999.

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633 N. Saint Clair St.
Chicago, IL 60611