

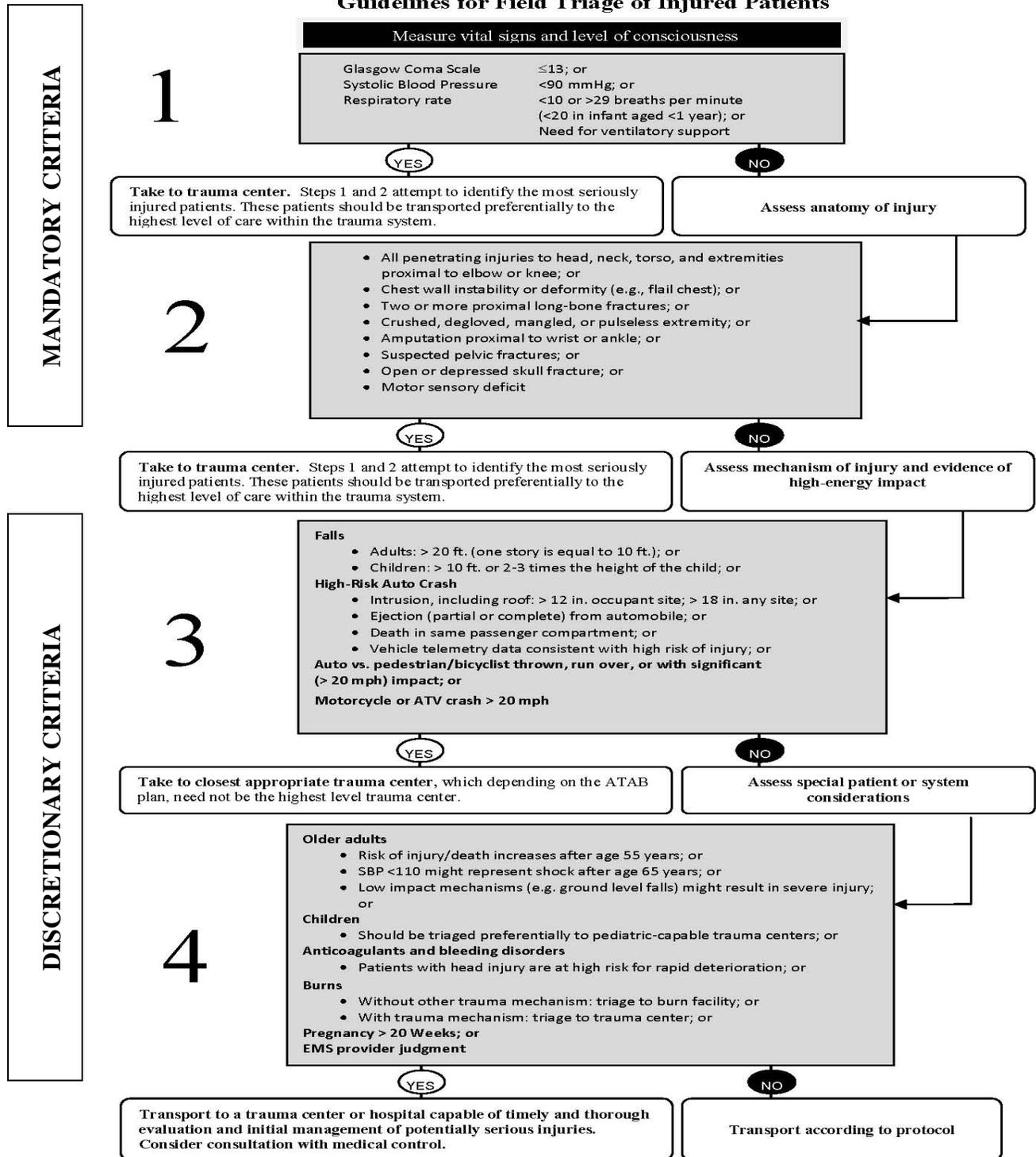
TRAUMA SYSTEM ENTRY

OVERVIEW:

The Oregon Trauma System is designed to provide patients of multi-system trauma with the care they need at the earliest time possible. Activating the trauma system early hinges on EMS personnel determining which patient meets entry criteria and early hospital notification. Every provider should be comfortable utilizing this procedure.

INDICATIONS:

**Exhibit 2
Guidelines for Field Triage of Injured Patients**



TRAUMA SYSTEM ENTRY CONT.

CONTRAINDICATIONS:

- None

PROCEDURE:

- Patients meeting Physiological (section 1) and/or Anatomical Criteria (section 2) or two or more criteria in section 3 or 4, should be entered into the trauma system by EMS personnel.
- The destination facility for ground transport of identified trauma patients shall be determined by the following general criteria:
 - The stable, conscious, oriented trauma system patient will be allowed input in determining patient destination and mode of transport. The patient should be informed of the closest trauma hospital.
 - Patients meeting Physiological (section 1) and/or Anatomical Criteria (section 2) should be transported to the closest Level II Trauma Center.
 - Patients with unstable and/or compromised airway will be taken to the closest hospital for initial airway management.
 - OLMC shall be consulted prior to direct transport to a level I facility for special circumstances (e.g., burns, amputation etc).
 - Patients meeting only Discretionary criteria (section 3 and/or 4) may be transported to the closest level III or IV Trauma facility
- If patient is transported by helicopter, OLMC shall be consulted to determine closest appropriate facility.
 - Consult with air provider to determine distances to facilities from exact GPS coordinates.
- Communication to the receiving hospitals regarding any trauma patient should occur as early as possible to allow for appropriate resources to be summoned.
- HEAR information should be short and precise so the ED staff has a good idea about patient condition and type of injury. Information should include:
 - Medic unit number
 - Approximate location of incident
 - Number of patients with approximate Age and sex of each patient.
 - General mechanism of injury
 - Exact criteria for patient entry into trauma system
 - Clinical vital signs and brief synopsis of care being rendered
 - Approximate ETA

CONSIDERATIONS:

- PHCR documentation shall be completed as soon as possible and sent to the receiving facility. However, this documentation must be received by the facility no later than 12 hours from event.
- Good Samaritan Regional Medical Center, Sacred Heart at River Bend, and Salem Hospital are all level II Trauma Centers serving the Linn-Benton County area.
- Albany General Hospital is a level III Trauma Center
- Lebanon Community Hospital is a level IV Trauma Center.