Guiding Principles for Major Trauma
inter hospital transfer

Vital Signs (major trauma if any one of the following present)

<table>
<thead>
<tr>
<th>Adult ≥ 14 yrs</th>
<th>Child &lt; 14 yrs</th>
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<tbody>
<tr>
<td>Respiratory Rate</td>
<td>&lt;10 or &gt;29 Vital signs are age-dependent, monitor trends, discuss early with paediatric major trauma service</td>
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<tr>
<td>SaO2</td>
<td>&lt; 94%</td>
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<tr>
<td>Hypotension</td>
<td>&lt;100mmHg</td>
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<tr>
<td>Conscious State</td>
<td>GCS&lt;14</td>
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<tr>
<td>Heart Rate</td>
<td>&lt;50 Or &gt;120</td>
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Yes

Initiate Trauma Treatment Protocol

or

Yes

Early Liaison with Major Trauma Service Contact within 15-30 minutes

RPH Trauma Fellow/Reg 0404 894 277 or RPH Trauma Surgeon 9224 3399 or Emergency Physician in Charge 9224 1676

If child <14 years, PMH/ PCH ED Admitting Officer 9340 8380

If transfer appropriate, prepare for Rapid and Early transport to Major Trauma Service

No

No

Perform complete trauma evaluation and appropriate serial observations

Deterioration of GCS, vital signs, or patient’s condition and/or significant findings on further evaluation

Yes

Liaison with Major Trauma Service

Yes

- Initiate trauma treatment protocol
- Prepare for rapid and early transport to major trauma service

Please liaise with Major Trauma Service early if Pt meets criteria regardless of your local ability to treat

High Risk Patients / Mechanism

- MVC > 60kph
- MBC > 30kph
- Pedestrian/Cyclist
- Ejection
- Fatality within same vehicle
- Fall > 3m
- Cabin intrusion (>30 cm occupants side) (>45 cm any side)
- Explosion
- Age >65 or <14
- Pregnancy
- Anticoagulation

Consider discharge or admission after appropriate evaluation and observation

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