



Major Trauma notification and transfer – Guiding Principles

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

| | Adult ≥ 14 yrs | Child < 14 yrs |
|------------------|----------------|---|
| Respiratory Rate | <10 or >29 | Vital signs are age-dependent, monitor trends, discuss early with paediatric major trauma service |
| SaO ₂ | < 94% | |
| Hypotension | <100mmHg | |
| Conscious State | GCS<14 | |
| Heart Rate | <50 Or >120 | |

or

Injuries

- Flail chest
- Multiple body regions injured
- 2 or more proximal long bone fractures
- Amputation/crush injury (proximal to wrist or ankle)
- Degloved or mangled extremity
- Suspected spinal injury
- Open or depressed skull #
- Pelvic fractures
- Penetrating injury head/neck/torso (proximal to elbows/knees)

No

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

Yes → **Initiate Trauma Treatment Protocol**

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, PCH ED Admitting Officer 6456 0010

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

Yes → Perform complete trauma evaluation and appropriate serial observations

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

No

Yes

Liaison with **Major Trauma Service**

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

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