Entering a patient into the Trauma System

1. Call the Trauma Communications Center (TCC) as soon as practical.

2. Identify yourself and your agency by name and unit number. If on-line medical direction is necessary, the receiving trauma center becomes medical direction. TCC will help coordinate on-line medical direction with a physician immediately.

3. Give location and request any additional resources needed.

4. Give age and sex of patient. (patient name is not necessary)

5. Assign pt. number if more than 1 pt.

6. Give criteria for entry.

7. Give vital signs – BP, P, R, GCSS.

8. TCC Communicator will offer available trauma centers based on information given above.

9. Give transportation type / provider.

10. Give PCR number and time of transport.

The receiving trauma center should be updated by the transporting unit 5 –10 minutes out. This update need only consist of any patient changes and patient's current condition. A repeat of information used to enter the patient into the trauma system is not necessary, as this information will be relayed by the TCC to the receiving trauma center.

After the patient is delivered to the trauma center, the transporting provider should call the TCC with the Patient Care Report times.

BREMSS
Trauma Communications Center

Other Functions:

* **Biolog 12-lead ECG Receipt**
* **Stroke System Communications**
* **MCI Hospital Coordination**
* **Hospital Divert Coordination**
* **CISD Contact / Coordination**
* **Regional assistance with hospital contact problems**
* **PAD Clinical Trials Participant**

B R E M S S

Birmingham Regional EMS System
1114 South 16th Street
Birmingham, AL 35205

Phone: 205-934-2595
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Website: **www.bremss.org**

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B R E M S S

Trauma System Information

Trauma Communications Center

Local Emergency:
324-1066
Toll-Free Emergency:
1-800-359-0123
Southern LINC EMS Fleet:
Talkgroup 10
Business (Non-Emergency):
205-975-2400

Real-time EMS

Trauma System Entry Criteria

Physiological Criteria

Systolic B/P

Adult: <90 mm/HG or no radial pulse

Ped: <80 mm/HG or no radial pulse

Respiratory Distress

Adult: <10 or >29

Ped(<1 yr): <20 or >40

Altered Mental Status:

Glasgow Coma Scale Score < 9

OR

Unknown period of unconsciousness

OR

Unknown if loss of consciousness occurred

Mechanism of Injury (MOI) Criteria:

- Death of another person in same vehicle area with same method of restraint
- Ejection from a closed vehicle
- Motorcycle/Bicycle crash with patient thrown at least 10 feet
- Auto vs. Pedestrian with significant impact or run over
- Unbroken fall of 20 feet or greater

Anatomical Criteria

- Flail Chest
- 2 or more proximal long bone (humerus, femur) fractures
- High energy penetrating injury to:
  - head
  - neck
  - torso
  - groin
- Trauma with burns greater than 15% body surface area
- Amputation proximal to the wrist or ankle
- Paralysis in 1 or more limbs
- Pelvis fracture (unstable-crepitus)

EMT Discretion:

If the patient does not meet Physiological, MOI, or Anatomical criteria and the EMT is convinced the patient could have a severe injury that is not yet obvious, the patient should be entered into the trauma system under "EMT Discretion".

The EMT's index of suspicion should be raised by the following co-morbid factors:

⇒ Age <5 or >55

⇒ Extremes of environment temps

⇒ Patient's medical history
- diabetes
- cardiac disease
- bleeding disorder

⇒ Pregnancy

⇒ Extrication time > 20 minutes

⇒ Motorcycle crash

HELPFUL HINTS:

- Patients entered into the trauma system should not be referred to as a "Trauma Alert" or "Trauma Code", but a "Trauma System Patient". "Trauma Alert" and "Trauma Code" have different meanings at different hospitals. "Trauma System Patient" is regionally recognized as a patient that meets trauma system entry criteria.
- Any on-line medical direction needed beyond what the ALS protocols allow should be received from the receiving trauma center. Communication with your regular medical direction hospital is not necessary unless it is the receiving trauma center.