Guidelines and Protocols

TITLE: TRANSFER TO HIGHER LEVEL OF CARE

PURPOSE:

Patients suffering from traumatic injury(s) and/or requiring specialty care beyond the capability of the resources available at Lyndon B. Johnson General Hospital will be transferred to a higher level of care following the policies and procedures of “Transfer of Patients Policy# 4600”. Decision for transfer will be made by the medical staff based on the individual patient needs. Patients must be stabilized prior to transfer.

PROCESS:

1. CRITERIA
   A. Central Nervous System Trauma
      1. Neurological injuries, paralysis, or lateralizing sign
      2. Spinal cord injuries with or without neurological deficit
      3. Intracranial bleeding on head CT
      4. Skull fracture (with or without CSF leak)
   B. Dislocations
      1. Vertebral column injury
         a. All Spine: Dislocations, Facet Subluxations and Fracture/ Dislocations
   C. Pelvic Trauma
      1. Compound/ open pelvic injury or pelvic visceral injury
      2. All pelvic ring disruption- from high energy mechanism such as MVC, consider immediate transfer, for low energy such as geriatric fall from standing consult orthopedics
      3. Acetabular fractures
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D. Burn
1. Partial thickness burns greater than 10% total body surface area (TBSA)
2. Burns that involve the face, hands, feet, genitalia, perineum, or major joints.
3. Third degree burns in any age group.
4. Electrical burns, including lightning injury.
5. Chemical burns.
6. Inhalation injury.
7. Burn injury in patients with preexisting medical disorders that could complicate management, prolong recovery, or affect mortality.
8. Any patient with burns and concomitant trauma (such as fractures) in which the burn injury poses the greatest risk of morbidity or mortality. In such cases, if the trauma poses the greater immediate risk, the patient may be initially stabilized in a trauma center before being transferred to a burn unit. Physician judgment will be necessary in such situations and should be in concert with the regional medical control plan and triage protocols.
9. Burns in children; children with burns should be transferred to a burn center verified to treat children.
10. Burn injury in patients who will require special social, emotional, or rehabilitative intervention

E. Specialized Injuries
1. Any pediatric patient (<16 years old) with multi-system trauma requiring organ system support, mechanical ventilation or requiring intensive care (ICU).
2. Any amputation patient presenting with part that can be re-implanted.
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3. Any patient with an injury for which Lyndon B. Johnson General Hospital does not have the physician or the facilities for the needed specialty.


F. Cardiovascular
   1. Suspected great vessel or cardiac injury

G. Inpatient psychiatric care

II. Process

A. Medical Staff
   1. Provides Medical Screening Exam
   2. Orders stabilizing interventions
   3. Determines need for higher level of care
   4. Contacts Transfer Center to initiate transfer (EC/Surgery Attending Physician ONLY)

B. Nursing staff
   1. Completes Memorandum of Transfer (MOT). For Intra-system Transfers, MOT is not required.
   2. Completes EMS run sheet information and submits to Transfer Center with MOT

C. Unit Clerk
   1. Prints Medical Record for all patients except Intra-system Transfers

REFERENCE / BIBLIOGRAPHY:

OFFICE OF PRIMARY RESPONSIBILITY:

LYNDON B. JOHNSON HOSPITAL TRAUMA SERVICES
## REVIEW / REVISION HISTORY

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