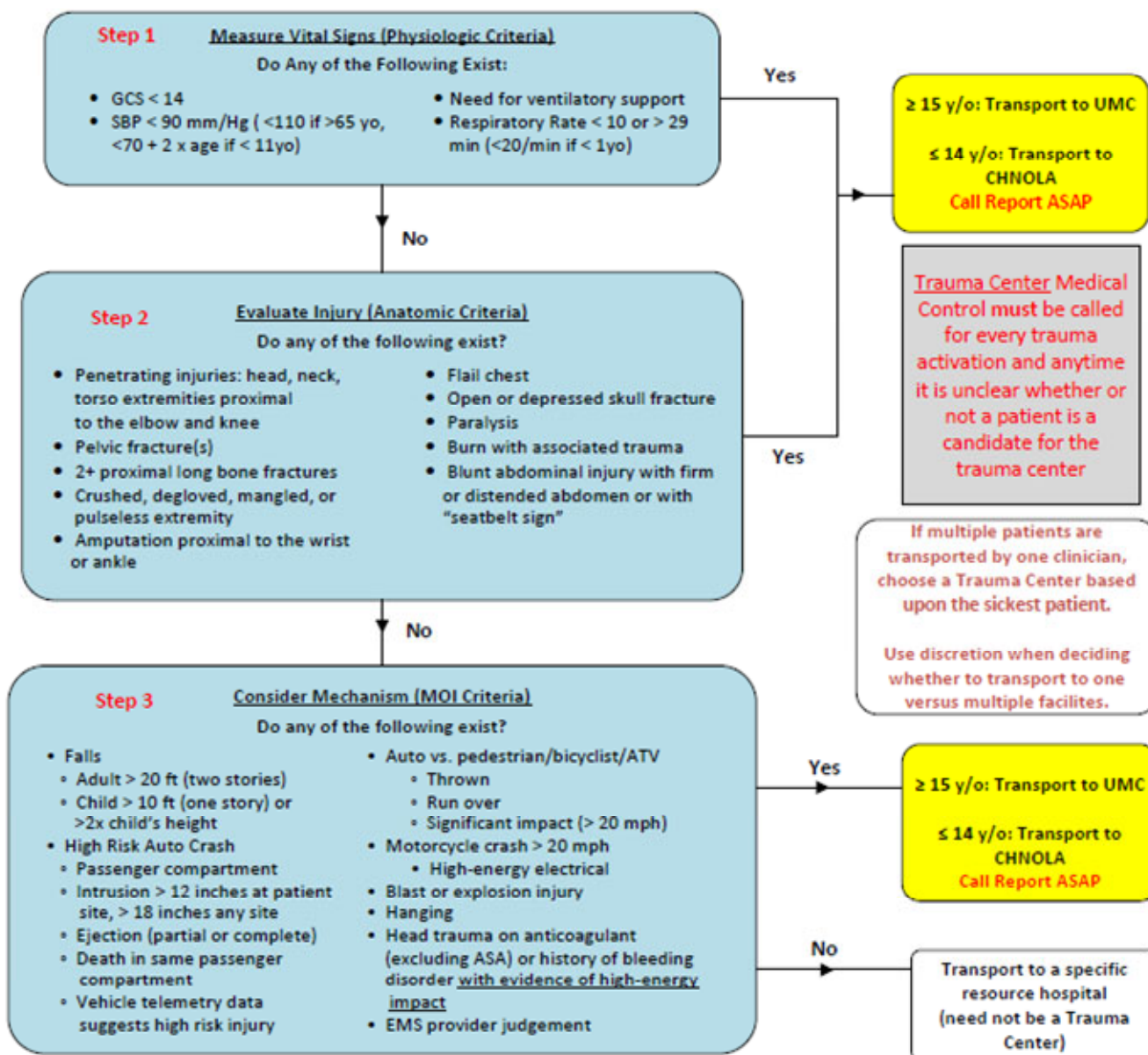


UMC—NEW ORLEANS TRAUMA PROTOCOL

JEFFERSON, ORLEANS, PLAQUEMINES, & ST. BERNARD PARISHES

Trauma Center Triage [Including Burns]

The recognition of major trauma and the decision to transport the patient to a designated trauma facility (as determined by this guideline & Medical Control) supersedes patient choice without consideration of patient finances.



Trauma Center Medical Control must be called for every trauma activation and anytime it is unclear whether or not a patient is a candidate for the trauma center

If multiple patients are transported by one clinician, choose a Trauma Center based upon the sickest patient.

Use discretion when deciding whether to transport to one versus multiple facilities.

If the patient meets trauma criteria and has one of the below or online **Medical Control** feels it is in the patient's best interest, Medical Control may direct EMS to stop at the closest Emergency Department for patient stabilization.

- Traumatic arrest not meeting criteria for DNR (as per TCA/Withholding of Resuscitation guideline)
- Non-patent airway that cannot be corrected by OPA, BVM, and oxygen
- Tension Pneumothorax
- Transport time > 50 minutes to trauma center

After stabilization at the closest ED, the provider should proceed expeditiously to the highest level Trauma Center if indicated. This stopover does not qualify as a hospital to hospital transfer.