



Guiding Principles for Major Trauma inter hospital transfer

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 Senior Clinician (08) 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 Pt meets criteria regardless of your local ability to treat