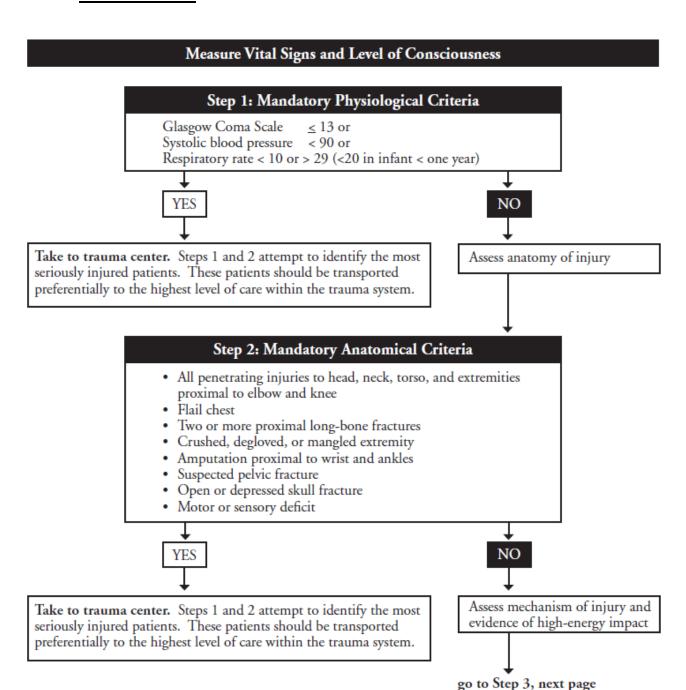
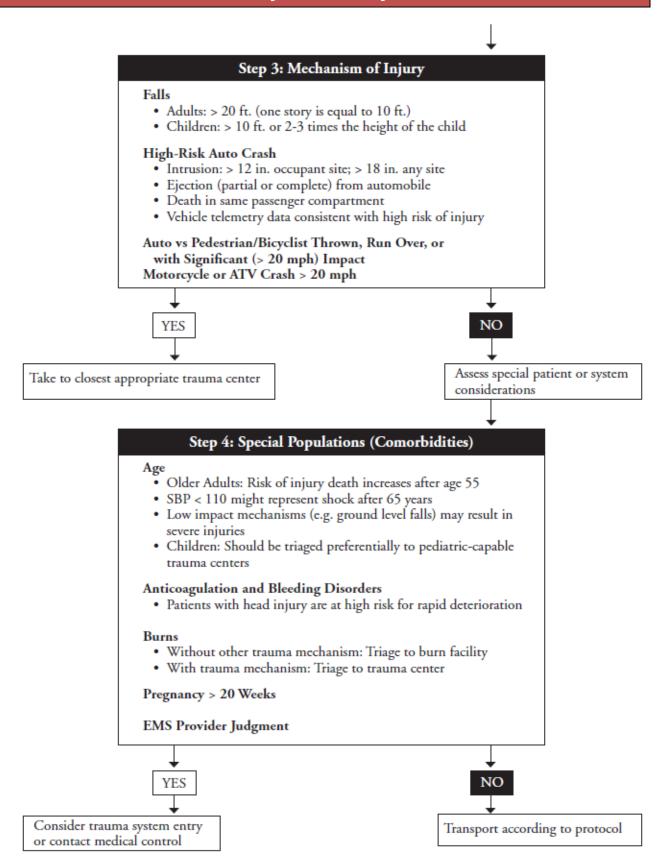
Trauma System Entry and Guidelines – 50.010

I. PATIENT ENTRY:



Trauma System Entry and Guidelines – 50.010



Trauma System Entry and Guidelines – 50.010

II. MEDICAL DIRECTION:

- A. Off-line medical direction for trauma patients is controlled by the Treatment Protocols and Procedures section.
- B. OLMC is provided by the receiving hospital. OLMC may override off-line medical direction. Any instances where this occurs will be documented in the pre-hospital care report.

III. COMMUNICATIONS:

- A. The following information will be provided to receiving hospital:
 - 1. Unit number and the location of the incident.
 - 2. Number of patients.
 - 3. Age and sex of the patients.
 - 4. Trauma system entry criteria and vital signs.
 - 5. Glasgow Coma Scale.
 - 6. ETA to Trauma Center.
 - 7. Patient destination based on incident location or request.

IV. TRAUMA CENTER DESTINATION:

- A. St. Charles Medical Center- Bend is the only Level 2 in Central Oregon.
- B. Patients or Guardians Request: If the alert, competent patient or his/her competent guardian demands transport to a specific hospital, the EMS provider will try to honor that request and notify the receiving hospital immediately.
- C. Multiple Patients: Follow ATAB 7 MCI Plan.
- D. **Diversion To Local Hospital:** If the paramedic is unable to establish an airway, the patient should be transported to the nearest acute care facility

V. MODE OF TRANSPORT:

An air ambulance may be used when it would reduce total pre-hospital time by 15 minutes or greater. This is usually achieved whenever the ground transport time will exceed 30 minutes (Scene is > 15 miles from Level 2 hospital, or other circumstances exist).

VI. PATIENT EVALUATION PROTOCOL:

- A. Treatment Priority Should Be Approached In This Order:
 - 1. Airway Maintenance (Including control of the cervical spine).
 - 2. Breathing.
 - 3. Control of circulation and hemorrhage.
 - 4. Treatment of shock.
 - 5. Neurological examinations.
 - 6. Complete secondary survey.
 - 7. Splinting of fractures.

VII. SCENE TIME:

After gaining access to the patient, scene time should not exceed ten minutes for any patient who is entering the Trauma System. Plan to start IV/IOs and initiate other care once en-route to the hospital if necessary.