

JTTS CLINICAL PRACTICE GUIDELINES FOR
TRANSFER / TRANSPORT OF TRAUMA PATIENTS

PATIENT TRANSFER

Movement of severely injured patients is a critical event which requires appropriate timing and attention to minute details. Determining the optimal time of transfer in the continuum of care necessitates balancing the benefit of resources available at the next echelon of care against the risks inherent in moving a critical patient, with all the appropriate tubes, lines, monitors and equipment, in a ground or air ambulance.

Each of these parameters should be met prior to transfer of any patient:

- Heart rate < 120
- Systolic blood pressure >90
- Hematocrit > 27
- Platelet count > 50
- INR < 2.0
- pH > 7.30
- Base deficit < 5
- Temperature > 35°C

When any one or more of these criteria are not met the treating physician should continue treatment at that facility or document the limitations at the current facility that compel urgent high risk transfer.

* Patients being transported with mechanical ventilation, vasopressors, ongoing resuscitation or neurologic injury should be accompanied by appropriately trained personnel. This should include an RN (trained in critical care or emergency medicine) or paramedic and respiratory therapist in addition to the flight medic. On occasion it may be appropriate to include an anesthesia provider or physician on the transport team.

