

**STATE TRAUMA ADVISORY BOARD
MANAGEMENT RECOMMENDATIONS**

SUBJECT: INTERHOSPITAL TRANSFER TO HIGHER LEVEL CARE

PURPOSE: To facilitate and optimize the management of trauma system patients who require specialty or higher level trauma care.

I. INTERHOSPITAL TRANSFER CRITERIA

Refer to OAR 333-200-0080(6)(a), Exhibit 5.

II. ASSESSMENT AND STABILIZATION PRIOR TO TRANSFER

A. EMTALA Requirements

1. Trauma system patients must receive a medical examination and treatment as required to stabilize the medical condition within the capabilities of the staff and the hospital.
2. A trauma system hospital should facilitate transfer to higher level care when the emergency medical condition of the patient permits and no deterioration of that condition is likely to result from or occur during the transfer of the patient.

B. Stabilization

1. It is the responsibility of the attending trauma physician to evaluate the patient for serious traumatic injury prior to transferring to higher level care including:
 - a. Chest x-ray to rule out hemothorax.
 - b. Pelvic film to rule out fractures causing retroperitoneal hemorrhage.
 - c. Diagnostic peritoneal lavage, ultrasound, or abdominal CT scan to rule out intraabdominal hemorrhage.
2. It is the responsibility of the attending trauma physician to provide airway management and hemorrhage control prior to transferring the patient for higher level care including:

- a. Assuring adequate oxygenation and ventilation.
 - b. Controlling external hemorrhage.
 - c. Transfusing for estimated blood loss ≥ 3 units.
 - d. Operative management of internal hemorrhage if resources are promptly available.
3. If the patient is likely to survive the transfer and the sending hospital does not have the resources to treat the patient's emergency medical condition, then the patient should be promptly transferred to a Level I or II trauma hospital.
 4. If the patient is too unstable (inability to oxygenate, ventilate, control hemorrhage, or sustain a blood pressure) to transfer, then the patient should be maintained at the trauma center. Early consultation with a Level I or II trauma hospital should be obtained, and consideration given to bringing resources to the local facility or transferring the patient to the closest trauma center with immediate surgical resources available.

III. TRANSPORT MODE AND CREW

- A. Emergency medical technicians may not always be "qualified personnel" for purposes of transferring an individual who requires higher level trauma care. Depending on the individual's condition, there may be situations in which a physician's, nurse's, or some other specialist's presence might be mandatory. The physician at the sending hospital has the responsibility to determine appropriate mode, equipment, and attendants for transfer (489.24(d)(IV)).
- B. Upon transfer of the patient to an EMS transport service under the guidance of the receiving hospital, responsibility for patient care throughout the patient's continuing transport is assumed by the receiving physician's facility.

IV. RECEIVING PHYSICIAN/HOSPITAL

- A. Trauma system patients must be transferred to an Oregon trauma hospital for definitive care of a traumatic injury.
- B. When transferring the care of a patient with a presumed isolated injury to a specialist, the sending physician or surgeon must make reasonable efforts to assure the absence of multi system injury.
- C. The receiving physician or surgeon is responsible for determining priorities of care, coordinating specialists, and providing follow-up to the sending trauma physician and hospital.