PURPOSE:
To standardize transfer of patients with injuries and ensure optimal care during transfer into and out of the WakeMed system.

POLICY STATEMENT:
To define guidelines to assist staff in coordinating a trauma patient into or out of WakeMed Health & Hospitals.

ENTITIES AFFECTED BY THIS POLICY (SCOPE):
WakeMed adopts the following policy & procedures for WakeMed Raleigh, WakeMed Cary, WakeMed North and Healthplexes.

WHO SHOULD READ THIS POLICY:
This policy shall be read by department supervisors, managers, directors, and administrators. Furthermore, any individual considering issuing, revising, assisting in the drafting of, or archiving a policy.

PROCEDURES:

I. **TRAUMA TRANSFER INTO WAKEMED:**

a. Transfer request into the WakeMed system are routed through the WakeMed Transfer Center.
b. The patient placement representative pages the trauma physician on call to connect via phone with the requesting physician. Trauma service attending physicians evaluates all trauma transfer requests and accepts appropriate transfers of injury patients when requested from an outside hospital. Within the WakeMed system, requesting providers may page or phone accepting providers directly and discuss.
c. The Emergency Department Clinician activates the trauma response system based on clinical information and criteria for trauma activation.
d. Patients meeting criteria for auto-acceptance from a RAC hospital will follow the policy in the "Auto-Acceptance, Trauma Transfer from RAC".
e. Hospital disposition is determined in consultation with the appropriate service/s including the admitting physician. Conflicts regarding disposition should be resolved by the attending physicians involved in the care of the patient. If this not possible, resolution will be made by the Director of Trauma or his/her designee.

II. **TRAUMA TRANSFER OUT OF WAKEMED:**

a. Trauma Patients who have needs for specialty treatment not provided at WakeMed Health & Hospitals may be transferred, by agreement, to either Duke University Hospital Systems or UNC Hospital. This may include but not limited to:

organ transplantation, microvascular surgery, hyperbaric therapy, pediatric oncology, ophthalmic injuries, or burns. Stabilization procedures and transfer guidelines must be followed.

b. A request for transfer is entered in the EMR. A patient placement representative calls the receiving hospital to connect the requesting physician to the receiving physician for discussion and acceptance via phone. Documentation of the discussion is included in the progress notes. Within the WakeMed system, requiring providers may page or phone accepting providers directly and discuss.

c. Trauma Services will be contacted prior to transfer decision.

III. **CRITERIA FOR TRANSFERS OUT OF WAKEMED CARY:**

a. Patients will be considered for transfer from Cary Hospital to a higher level of care if they require services not offered at Cary Hospital or have the following (list is not all inclusive and patient will be evaluated on a case by case basis).

i. Carotid or vertebral arterial injury
ii. Torn thoracic aorta or great vessel
iii. Cardiac rupture
iv. Bilateral pulmonary contusion with P:F ratio <200
v. Major abdominal vascular injury
vi. Grade IV or V liver injuries requiring transfusion of >6U RBCs in 6 hours
vii. Unstable pelvic fracture requiring transfusion of >6U RBCs in 6 hours
viii. Fracture or dislocation with loss of distal pulses (coordinated decision with Orthopedic consult)
ix. Penetrating injuries or open skull fracture
x. Glasgow Coma Scale of 11-12 or less
xi. Spinal cord deficit
xii. Complex pelvic/acetabular fractures
xiii. Multiple rib fractures with underlying pulmonary contusion requiring significant oxygen support
xiv. Significant torso injury with advanced comorbid disease (ie: CAD, COPD)
xv. Any intracranial injury requiring Neurosurgical intervention

THIS POLICY IS CROSS REFERENCED IN:
Transfer, Auto-Acceptance from CapRAC

Origination date: *07/31/2004*
Prepared by: *MGR, TRAUMA PROGRAM*
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