

Trauma Service Transport Guidelines

This document refers to principal diagnoses and recommendations for Higher Level of Care for Trauma Service MRP at Nanaimo Regional General Hospital or Victoria General Hospital. As not all injuries are initially confirmed, please consult Trauma Services via PTN for discussion.

All calls are to be put through the Patient Transfer Network, not directly MD to MD. In the event of a discrepancy, contact Trauma Medical Leads Dr Dennis Kim (VGH) or Dr Bryan Wells (NRGH).

Injury Type	Trauma Center Destination
HEAD	
A. TBI – Mild (GCS 13-15)	NRGH
B. TBI – Moderate (GCS 8-12)	NRGH*
C. TBI – Severe (GCS <8)	VGH
D. Skull # with pneumocephalus (depressed or non-depressed)	VGH
E. Skull # without pneumocephalus (non-depressed)	NRGH*
F. EDH/SDH with midline shift	VGH
G. EDH/SDH without midline shift	NRGH*
H. Craniofacial fractures	NRGH*
NECK	
A. BCVI (IV-V)	VGH
B. BCVI (I-III)	NRGH*
C. Subplatysmal Penetrating injury <i>with</i> hard signs or CT evidence of major vascular or aerodigestive injury	VGH
D. Subplatysmal Penetrating injury <i>without</i> hard signs or CT evidence of severe major vascular or aerodigestive injury	NRGH
SPINE	
A. Bony column #s at any level in the absence of SCI - unstable	VGH
B. Bony column #s at any level in the absence of SCI - stable	NRGH*
C. Spinal Cord injury	Vancouver General Hospital
THORACIC	
A. Blunt Thoracic Aortic injury (Grades I-IV)	VGH
B. Cardiac - penetrating	VGH
C. Cardiac - blunt	NRGH

isive hemothorax	VGH
E. Large persistent pneumothorax (large or proximal bronchopleural fistula)	VGH
F. ≥ 3 Rib Fractures OR Flail chest	NRGH*

ABDOMINAL	
A. Traumatic diaphragmatic hernia	NRGH
B. Liver a. Grade I-III b. Grade IV-V c. Portal injury	NRGH VGH VGH
C. Pancreatic injury a. Without duct disruption b. With duct disruption	NRGH VGH
D. Spleen a. Grade I-III (if stable and <i>not</i> for IR) b. Grade IV-V (if stable <i>and</i> deemed IR candidate) c. If unstable, remove at home site	NRGH VGH
E. Hollow viscus	NRGH
F. Retroperitoneal hemorrhage a. Without major vascular disruption b. Major vascular disruption	NRGH VGH*
G. Renal a. Grade I-III b. Grade IV-V	NRGH VGH

PELVIS	
A. Hematoma—without active bleeding/extravasation	NRGH
B. Hematoma—with active bleeding/extravasation	VGH
C. Complex—stable <i>without</i> evidence of contrast extravasation deemed amenable to IR	NRGH*
D. Complex—unstable	VGH

EXTREMITIES	
A. Multiple long-bones	NRGH

ited fractures	NRGH
C. Vascular disruption	VGH
D. Traumatic amputation a. Digits b. Limbs	NRGH VGH
BURNS	
A. 20% or greater	VGH/RJH*
B. <20%	NRGH*

*Review with Trauma Surgery at VGH and/or relevant subspecialty in Victoria

DRAFT