Indications

1. Arrival at destination facility.
2. Scene transfer from first response to transporting response.
3. Rendezvous with and transfer of patient to another agency.

Precautions

1. Hard copy of information is the best form of information transfer.
2. Do not expect receiving agency to get all the information correct from a second hand party. Take the initiative to give information first hand.
3. When you see information being written on bed sheets, gloves, arms, anticipate that the information will be lost or misinterpreted later.

Technique

1. Use transfer of care sheet and give original to next agency or hospital.
2. Give a verbal report that covers age, mechanism/history, pertinent health issues, vital signs, assessment and treatment. Ask for questions.
3. Call hospital with your agency's report covering the same verbal information as above.
4. Make suggestions about calling trauma activation, having a respiratory therapist available in the ED, clearing an ED critical care space.
5. Once in quarters fax your initial report and when completed fax your final report to the hospital.

Notes

1. Always try to write an initial assessment note. If you do not, correct this lapse as soon as possible. Give a telephone report to hospital and then send a fax report to the hospital.
2. Insure you get a final report to the hospital before patientt is transferred out. Make yourself available so that ED doc can ask you information he/she needs to put in the transfer note for the next hospital.
3. Trauma activation criteria:

   a. Unable to adequately ventilate.
   b. Intubated patient (from trauma).
   c. Systolic BP < 90 (adults), or cap refill > 2 secs (peds).
   d. GCS < 5.
   e. Resp rate < 10 or > 29 (adults).
   f. Penetrating injuries to head, torso, or pelvic region.
   g. Flail chest.
   h. Bilateral femur fractures.
   i. Unstable pelvis or suspected significant pelvic fracture.
   j. Paralysis or evidence of spinal cord injury.
   k. Amputation above the wrist or ankle.
   l. Significant burns.
   m. Unreactive or unequal pupils.
4. Mechanisms that suggest need for trauma alert, even if the above are not observed:
   a. Ejection from a motor vehicle.
   b. Falls of > 15 feet (adults), or 2x height (peds).
   c. Pedestrian, bicyclist, or motorcyclist thrown 15 feet or run over.
   d. Significant crush injury.
   e. High energy dissipation.
   f. Extrication time > 20 minutes with an injury.
   g. Unrestrained vehicle occupant in a rollover.
   h. Death of another occupant of the same vehicle.
   i. Significant assault.
   j. Intrusion of > 12 inches into passenger compartment of vehicle.
   k. Suspected non-accidental trauma.
5. Co-morbid factors to consider:
   a. Extremes of age young/old.
   b. Extreme temperatures
   c. Significant medical problems (diabetes, COPD, etc.)

d. Presence of intoxicants.

e. Pregnancy.