

# Triage, Stabilization and Transfer Process for Individuals with Trauma

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**Note:** For emergencies occurring on MD Anderson campus locations not supported by the Code Blue Team, contact 911 ([Code Blue Team vs. 911 Response Map](#))

## PRESENTATION AND ASSESSMENT

Patient, visitor, or employee with blunt or penetrating trauma

Acute Cancer Care Center (ACCC)

Inpatient → See [Page 2](#)

Ambulatory/MD Anderson public spaces → See [Page 3](#)

Hemodynamic **or** respiratory compromise<sup>1</sup> **or** altered mental status<sup>2</sup>?

Yes

No

- Maintain airway with cervical spine stabilization as indicated
- Consider surgical team consult (General Surgery, Thoracic Surgery, Neurosurgery and/or Orthopedics)
- Imaging as determined by medical teams

## DISPOSITION

Stabilized<sup>3</sup>?

Yes

No

- Transfer to outside hospital for higher level of care (see [Page 4](#))
- Continue management in the ACCC until patient transferred

Manage individual as clinically indicated

Evidence of anatomical injury<sup>4</sup>?

Yes

No

Transfer to outside hospital for higher level of care (see [Page 4](#))

Evidence of high-energy event<sup>5</sup>?

Yes

No

Medical management and disposition per ACCC and/or Primary Teams as indicated

**Note:** Comorbid factors may increase the severity of injury

- Age ≤ 5 or > 70 years
- Significant cardiac or respiratory disease
- Diabetes, cirrhosis, end-stage renal disease, morbid obesity
- Bleeding disorders or currently taking anticoagulants

- Pregnancy
- Immunosuppression

<sup>1</sup> Hemodynamic or respiratory compromise is defined as: SBP < 90 mmHg, respiratory rate < 10 bpm or > 29 bpm

<sup>2</sup> Altered mental status is defined as Glasgow Coma Scale < 14 or motor score ≤ 5 [see [Appendix A: Glasgow Coma Scale \(GCS\)](#)]

<sup>3</sup> If patient is not stabilized prior to transferring to another facility, continue to pursue a transfer if the individual requests the transfer

**or** the expected benefits outweigh the increased risks of the transfer (see MD Anderson Institutional Policy # CLN3280 - Emergency Medical Screening Examination Stabilization, and Appropriate Transfers Policy)

<sup>4</sup> Anatomic injury includes the following:

- Open or depressed skull fracture
- Penetrating injury to head, neck, torso, and/or extremities proximal to elbow and knee
- Crushed, degloved, or mangled extremity
- Amputation proximal to wrist and ankle
- Pelvic fractures
- Paralysis or suspected spinal cord injury
- Flail chest
- Long bone fracture

<sup>5</sup> Evidence of high-energy event includes the following:

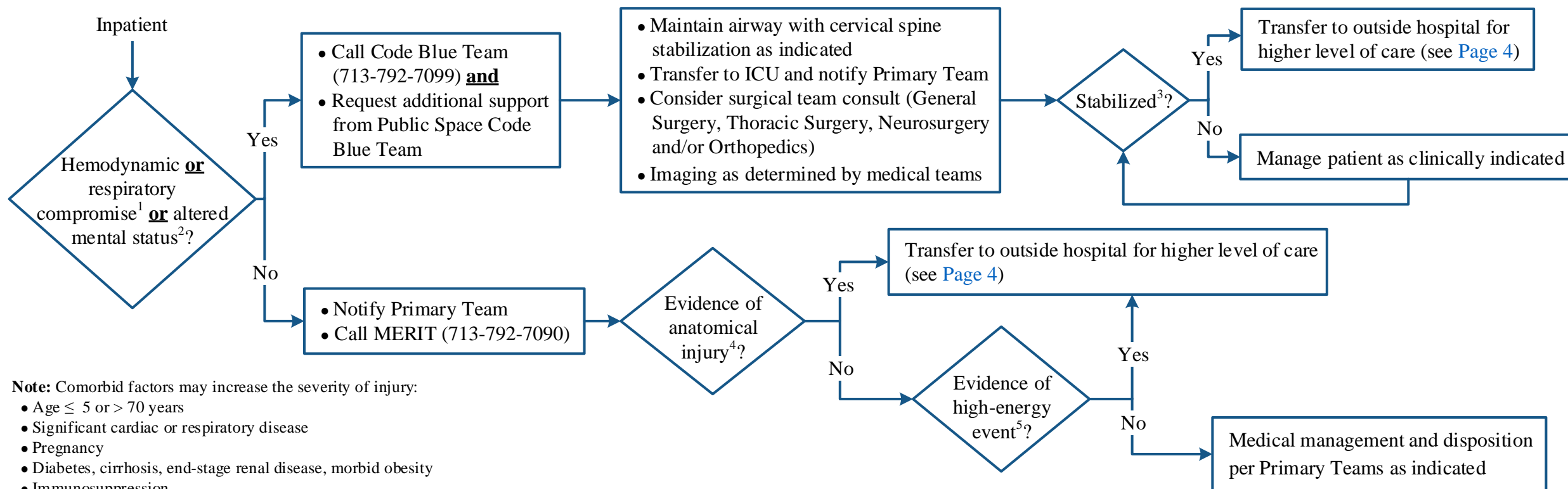
- Falls > 20 feet (6 meters) in adults and > 10 feet (3 meters) or 2-3 times height in children
- High-risk auto crash:
  - Intrusion > 12 inches occupant site or 18 inches any site
  - Ejection (partial or complete) from vehicle
  - Death in same passenger compartment
- Auto vs. pedestrian/bicyclist thrown, run over, or with significant (> 20 mph) impact
- High-energy electrical injury
- Burns > 10% total body surface area and/or inhalation injury
- Tender or rigid abdomen

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## PRESENTATION AND ASSESSMENT



## DISPOSITION

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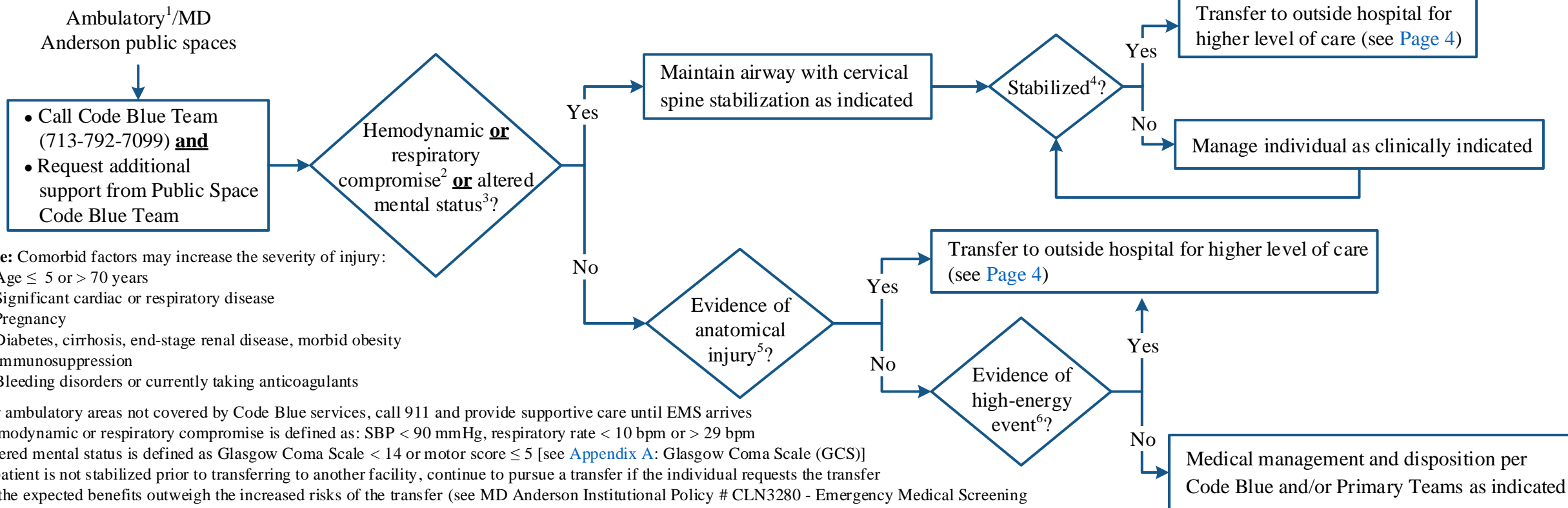
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## PRESENTATION AND ASSESSMENT

## DISPOSITION



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<sup>1</sup> For ambulatory areas not covered by Code Blue services, call 911 and provide supportive care until EMS arrives

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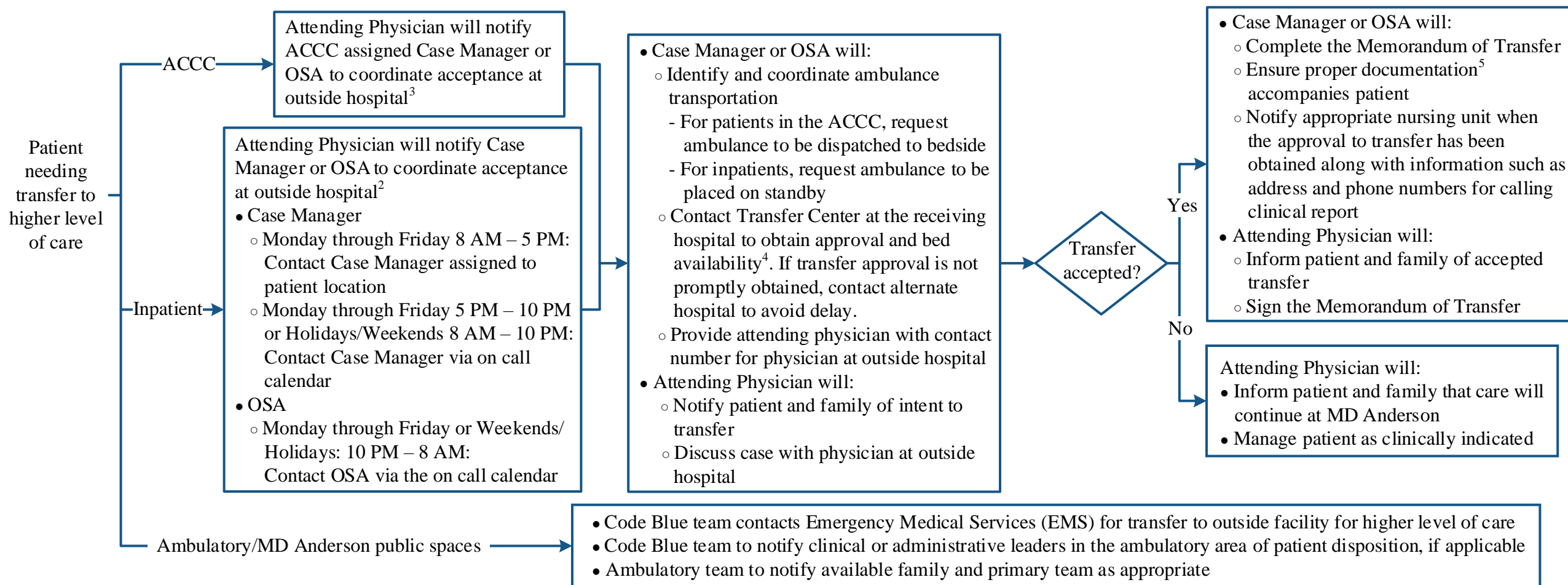
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## EMERGENCY TRANSFER ADMINISTRATIVE PROCESS<sup>1,2</sup>



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<sup>2</sup> Emergency Medical Treatment and Labor Act (EMTALA) generally does not apply for admitted patients (see MD Anderson Institutional Policy # CLN3280 - Emergency Medical Screening Examination, Stabilization, and Appropriate Transfers Policy)

<sup>3</sup> See MD Anderson Institutional Policy # CLN0614 - Transfer of Patients to, from, and Within MD Anderson Cancer Center Policy

<sup>4</sup> Discuss with Attending Physician regarding preference for receiving hospital based on clinical scenario. See [Appendix B: Texas Medical Center \(TMC\) Hospital Contact Information](#).

<sup>5</sup> Documentation: • "Face sheet" • Diagnostic imaging films or CDs as indicated • Other documentation as appropriate  
• Medical records to include a current reconciled medication list and transfer orders per primary care team

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## APPENDIX A: Glasgow Coma Scale (GCS)<sup>1</sup>

Item	Description	Score
Eye Opening Response	Spontaneous	4
	To verbal stimuli, command, speech	3
	To pain only (not applied to face)	2
	No response	1
Verbal Response	Oriented	5
	Confused conversation, but able to answer questions	4
	Inappropriate words	3
	Incomprehensible speech	2
	No response	1
Motor Response	Obeys commands for movement	6
	Localizes pain	5
	Withdraws in response to pain	4
	Flexion in response to pain	3
	Extension in response to pain	2
	No response	1

<sup>1</sup> GCS is obtained by adding the score from each parameter

## APPENDIX B: Texas Medical Center (TMC) Hospital Contact Information

	Memorial Hermann TMC	Ben Taub Hospital
<b>For Transfers:</b>	Transfer Center (713) 704-2500	Transfer Center (713) 873-8601



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## SUGGESTED READINGS

ATLS Algorithms. (2010). Retrieved from [https://anesth.unboundmedicine.com/anesthesia/view/Pocket-ICU-Management/534159/all/ATLS\\_Algorithms](https://anesth.unboundmedicine.com/anesthesia/view/Pocket-ICU-Management/534159/all/ATLS_Algorithms)

Galvagno, S. M., Nahmias, J. T., & Young, D. A. (2019). Advanced Trauma Life Support® update 2019: Management and applications for adults and special populations. *Anesthesiology Clinics*, 37(1), 13-32. <https://doi.org/10.1016/j.anclin.2018.09.009>

MD Anderson Institutional Policy #CLN0614 – Transfer of patients to, from and Within MD Anderson Cancer Center Policy

MD Anderson Institutional Policy #CLN3280 – Emergency Medical Screening Examination Stabilization, and Appropriate Transfers Policy

NB Trauma Program. (2018). Trauma Transfer Guidelines. Retrieved from <https://nbtrauma.ca/wp-content/uploads/2018/10/Trauma-Transfer-Guidelines-Aug-2018-bil.pdf>

Southeast Texas Regional Advisory Council SETRAC (TSA Q). (2018). Emergency medical services/trauma system plan. Retrieved from <https://www.setrac.org/wp-content/uploads/2017/09/Trauma-Plan-2018-revisions.pdf>

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## DEVELOPMENT CREDITS

This practice consensus statement is based on majority opinion of the Emergent Triage/Transfer Process workgroup experts at the University of Texas MD Anderson Cancer Center for the patient population. These experts included:

### Core Development Team Leads

Patricia A. Brock, MD (Emergency Medicine)  
John W. Crommett, MD (Critical Care Medicine)

### Workgroup Members

Gregory H. Botz, BS, MD (Critical Care Medicine)  
Ginny Bowman, DNP, APRN, CNS-Onc, NEA-BC (Ambulatory Operations & Access)  
Robert T. Drew, MBA, RN (Nursing - Acute Cancer Care Center)  
Wendy Garcia, BS♦  
Marina C. George, MD (Inpatient Medical Operations)  
Petra S. Grami, DNP, RN (Nursing Administration)  
Amanda V. Hamlin, MS, PA-C (Ambulatory Operations & Access)  
Angela Y. Hayes-Rodgers, MBA (Off-Shift Administration)  
Jeffrey A. Merlin, MD (Emergency Medicine)  
Karen E. Plexman, MSN, RN (Emergency Readiness)  
Jenise B. Rice, MSN, RN (Perioperative Nursing)  
Regina F. Smith, MSN, MBA, RN (RCC Administration)  
Delmy A. Vesho, MSN, RN (Nursing Administration)  
Marian Von-Maszewski, MD (Emergency Readiness)  
Mary Lou Warren, DNP, APRN, CNS-CC♦  
Suzanne M. Wilson, BSN, DBA, RN (Case Management)

♦Clinical Effectiveness Development Team