

620 MAJOR TRAUMA TRANSPORT

Major trauma patients include patients with life-threatening traumatic injuries requiring onward transport from a 911 receiving hospital emergency department to a 911 receiving hospital trauma center.

Major trauma transports shall be classified as critical transports (Segment 1 or Segment 2) when accompanied by a physician or nurse or acute transports (Segment 3 or Segment 4) when not accompanied by a physician or nurse. By definition, major trauma transports are onward transports, therefore cannot be classified as routine transports (Segment 5 or Segment 6) requiring only basic life support care. Major trauma transports shall be conducted in accordance with all applicable policies and procedures of the 911 Receiving Hospital Trauma Center Advisory Committee. Major trauma transports in patients less than ten (10) years of age shall also be considered high-risk pediatric transports. (See Protocol # 650.)

Transporting paramedics may, if properly trained and credentialed to do so, operate under all applicable prehospital and interfacility protocols, or upon request of the designated direct medical control physician, may assist physician and nurse members of a high-risk transport team with the following tasks:

NOTE: THOSE ITEMS MARKED WITH AN ASTERISK(*) REQUIRE SPECIAL TRAINING.

1. Airway maintenance/suctioning
2. Oxygen administration
3. Airway/breathing adjuncts (OPA/NPA)
4. Assisted ventilation (BVM)
5. Endotracheal intubation (OT/NT)
6. Gastric intubation (NG/OG)
7. Vascular access (IV/IO)
8. Fluid medication/administration (IV/IO/ET/infusion device*)
9. Ventilator management*
10. Chest tube management*
11. Vital monitoring (EKG, SaO₂,* ETCO₂*)
12. Fracture/wound management*
13. Needle decompression of tension pneumothorax
14. Needle cricothyotomy