



NYC REMAC

Advisory No.	2015-06		
Title:	Closure of Maimonides Medical Center: Adult & Pediatric Trauma Center		
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The Regional Emergency Medical Advisory Committee (REMAC) of New York City is responsible to develop, approve and implement prehospital treatment and transport protocols for use within the five boroughs of the City of New York. The Regional Emergency Medical Advisory Committee (REMAC) of New York City operates under the auspices of Article Thirty of the New York State Public Health Law.

The New York State Department of Health, Bureau of EMS & Trauma Systems, has announced that following a consultative visit, Maimonides Medical Center has decided to let their provisional pediatric & adult trauma designation expire as they work to further strengthen their trauma services.

Effective immediately, Maimonides Medical Center is no longer an Adult or Pediatric Trauma Center. If the mechanism of injury and/or physical findings indicate major trauma (see Appendix F, attached), transport patient to the nearest Trauma Center.

RELATED PROCEDURES (attached)

- Appendix F: Trauma Patient Criteria

Current and Updated Protocols can be accessed at the Regional EMS Council website: www.nvcremsco.org.

Owners/operators of Ambulance and ALS First Response Services providing prehospital medical treatment within the five boroughs of the City of New York are responsible to provide copies of the NYC REMAC Prehospital Treatment Protocols to their personnel, and to ensure that Service Medical Directors and EMS personnel are informed of all changes/updates to the NYC REMAC Prehospital Treatment Protocols.

Lewis W. Marshall, Jr., MD, JD
Chair,
Regional Emergency Medical Advisory Committee
of New York City

Marie C. Diglio, EMT-P
Executive Director Operations
Regional Emergency Medical Services Council
of New York City

APPENDIX F

TRAUMA PATIENT CRITERIA

Adult Major Trauma

Major trauma present if the patient's physical findings or the mechanism of injury meets **any one** of the following criteria:

PHYSICAL FINDINGS

1. Glasgow Coma Scale is less than or equal to 13
2. Respiratory rate is less than 10 or more than 29 breaths per minute
3. Pulse rate is less than 50 or more than 120 beats per minute
4. Systolic blood pressure is less than 90 mmHg
5. Penetrating injuries to head, neck, torso or proximal extremities
6. Two or more suspected proximal long bone fractures
7. Suspected flail chest
8. Suspected spinal cord injury or limb paralysis
9. Amputation (except digits)
10. Suspected pelvic fracture
11. Open or depressed skull fracture

MECHANISM OF INJURY

1. Ejection or partial ejection from an automobile
2. Death in the same passenger compartment
3. Extrication time in excess of 20 minutes
4. Vehicle collision resulting in 12 inches of intrusion in to the passenger compartment
5. Motorcycle crash >20 MPH or with separation of rider from motorcycle
6. Falls from greater than 20 feet
7. Vehicle rollover (90 degree vehicle rotation or more) with unrestrained passenger
8. Vehicle vs. pedestrian or bicycle collision above 5 MPH

HIGH RISK PATIENTS – DOES NOT REQUIRE TRANSPORT TO A TRAUMA CENTER

If a patient does not meet the above criteria for Major Trauma, but has sustained an injury and has one or more of the following criteria, they are considered a "High Risk Patient".

CONSIDER transportation to a Trauma Center.

CONSIDER contacting medical control.

1. Bleeding disorders or patients who are on anticoagulant medications
2. Cardiac disease and/or respiratory disease
3. Insulin dependent diabetes, cirrhosis, or morbid obesity
4. Immuno-suppressed patients (HIV disease, transplant patients, and patients on chemotherapy treatment)
5. Age >55