PURPOSE:
The purpose of this policy is to provide a mechanism to facilitate transfer of trauma patients to an appropriate service as indicated by clinical evaluation.

POLICY STATEMENT:
A Trauma patient may be transferred to another service such as orthopedics, neurosurgery, medicine, or ENT if the patient presents with a single injury that can best be managed by that specialty. Transfer to another service can take place only after the trauma patient has had a multi-system evaluation for other injuries. Minor injuries, including minor facial injuries, may not preclude transfer.

ENTITIES AFFECTED BY THIS POLICY (SCOPE):
Raleigh Campus (WakeMed Surgery, Hospitalist/Medicine, Pediatrics, Orthopedics, ENT), Raleigh Neurosurgery

WHO SHOULD READ THIS POLICY:
This policy shall be read by department supervisors, managers, directors, and administrators. Furthermore, any individual considering issuing, revising, assisting in the drafting of, or archiving a policy.

PROCEDURES:

I. The trauma patient will undergo a primary and secondary evaluation per protocol by trauma staff to assess for injuries.
II. Transferor admission to another service
   a. If an isolated injury is identified, a trauma patient may be transferred or admitted to a sub-specialty service through MD to MD communication. The sub-specialty service will admit or accept transfer and responsibility for patient care per WakeMed transfer policies and procedures.
   b. A tertiary survey will be performed by Trauma Service personnel to evaluate for missed injuries within 24-48 hours of admission at the evaluating trauma service attendings discretion.
III. Monitoring
   a. The other service admitted or transferred patient may continue to be followed by trauma staff for collaboration/facilitation of care as needed.
   b. If trauma service signs off, they will remain available for re-consult if needed.

Origination date: *02/01/2005*
Prepared by: *MGR, TRAUMA PROGRAM*
Approved by: *MED DIR, TRAUMA*
Reviewed: *07/14/2022*
Revised: *07/14/2022*