	<b>Trauma Services</b>	No. 4069
	Title: <b>Transfers, Automatic from CapRAC</b>	Page: 1 of 3 Effective Date: 04/11/2022

**PURPOSE:**

To establish a protocol that facilitates the rapid transfer of appropriate trauma patients from a Capital Regional Advisory Committee (CapRAC) emergency department to the Wake Med Trauma Service.

**POLICY STATEMENT:**

The transfer of patients arriving in a CapRAC emergency department (ED) that meet established criteria for automatic acceptance into the WakeMed Trauma service will utilize the following procedure. Any patient that does not meet the automatic acceptance criteria requires discussion with the accepting Trauma Surgeon prior to transfer.

**ENTITIES AFFECTED BY THIS POLICY (SCOPE):**

WakeMed adopts the following policy & procedures for WakeMed Raleigh, WakeMed Cary, WakeMed North and Healthplexes.

**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 CapRAC facility ED Physician or designee contacts the WakeMed Communications Center (MedCom) at 1-800-688-6228 for an expedited trauma transfer. The CapRAC facility ED Physician determines the need for air versus ground transport. This information is included in the request for transport.
- II. MedCom dispatches requested transport mode and calls WakeMed Transfer Center to relay the following:
  - a. Notification of the auto-dispatch
  - b. Request for WakeMed Transfer Center to initiate inter-hospital communication between the on call WakeMed Trauma Surgeon and CapRAC facility ED Physician.
- III. The Transfer Center facilitates a Physician to Physician phone call for patient report.
- IV. Mobile Critical Care transports patient to WakeMed Raleigh Emergency Department as a Trauma Transfer.
  - a. Report is called to receiving ED when enroute from the referring facility.
- V. WakeMed ED activates appropriate alert system as necessary:
  - a. Trauma One transfer
  - b. Trauma Alert transfer

**Origination date:** 04/30/2012


**Prepared by:** MGR, TRAUMA PROGRAM

**Approved by:** MED DIR, TRAUMA

**Reviewed:** 04/11/2022

**Revised:** 04/11/2022

**Printed copies are for reference only. Please refer to the electronic copy for the latest version.**

	<b>Trauma Services</b>	No. 4069
	Title: <b>Transfers, Automatic from CapRAC</b>	Page: 2 of 3 Effective Date: 04/11/2022

**Criteria for automatic acceptance into the WakeMed Trauma service:**

- BP <90, RR <10 or >29
- GCS ≤ 8 or Deterioration of higher GCS
- Airway Compromise
- Open or depressed skull fracture
- Focal neurological deficit
- Spinal cord or major vertebral injury
- Suspected great vessel injury
- Penetrating injury to the head, neck, or torso
- Flail chest or multiple rib fractures
- Blunt chest trauma
- Any potentially unstable pelvic fracture
- 2 or more long bone fractures
- Extremity injury or fracture with loss of pulses or signs of ischemia
- Crushed, degloved, or mangled extremity
- Persistent hypotension or tachycardia
- Paradoxical bradycardia following trauma

**Origination date:** 04/30/2012


**Prepared by:** MGR, TRAUMA PROGRAM

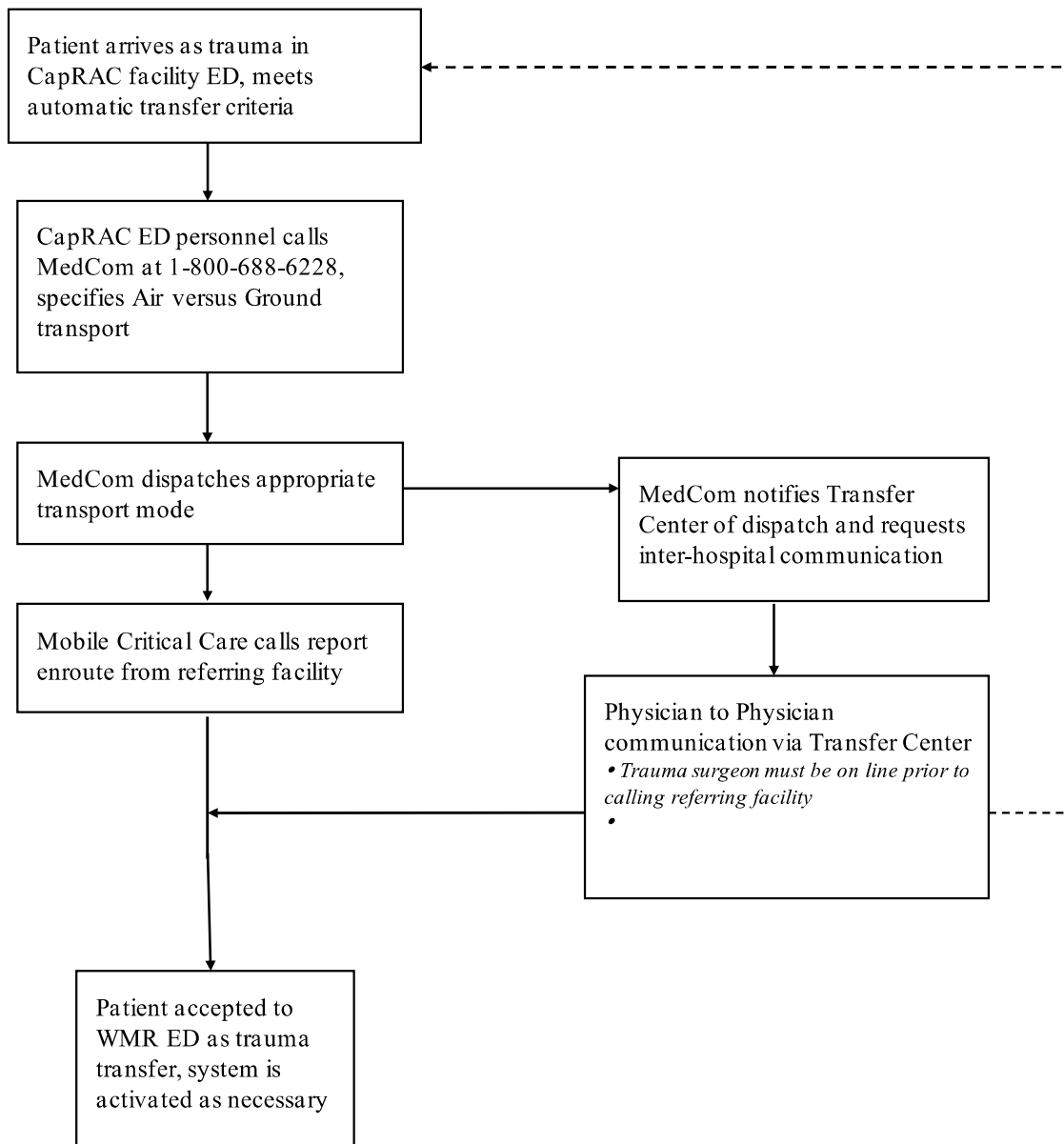
**Approved by:** MED DIR, TRAUMA

**Reviewed:** 04/11/2022

**Revised:** 04/11/2022

**Printed copies are for reference only. Please refer to the electronic copy for the latest version.**

	<b>Trauma Services</b>	No. 4069
	Title: <b>Transfers, Automatic from CapRAC</b>	Page: 3 of 3 Effective Date: 04/11/2022



**Origination date:** 04/30/2012  
**Prepared by:** MGR, TRAUMA PROGRAM  
**Approved by:** MED DIR, TRAUMA  
**Reviewed:** 04/11/2022  
**Revised:** 04/11/2022