**Triage, Stabilization and Transfer Process for Patients with Trauma**

Disclaimer: This algorithm has been developed for MD Anderson using a multidisciplinary approach considering circumstances particular to MD Anderson’s specific patient population, services and structure, and clinical information. This is not intended to replace the independent medical or professional judgment of physicians or other health care providers in the context of individual clinical circumstances to determine a patient's care. This algorithm should not be used to treat pregnant women.

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**PRESENTATION AND ASSESSMENT**

- Call Code Blue Team (713-792-7099)
- Hemodynamic or respiratory compromise or altered mental status?
- Yes: Transfer to EC
- No: Maintain airway with cervical spine stabilization

**DISPOSITION**

- Evidence of anatomical injury?
  - Yes: Transfer to outside hospital for higher level of care [see Appendix B: Texas Medical Center (TMC) Hospital Contact Information]
  - No: Maintain airway with cervical spine stabilization

- Evidence of high-energy event?
  - Yes: Medical management and disposition per Code Blue, EC and/or Primary teams as indicated
  - No: Maintain airway with cervical spine stabilization

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1. Hemodynamic or respiratory compromise is defined as: SBP < 90 mmHg, respiratory rate < 10 bpm or > 29 bpm
2. Altered mental status is defined as Glasgow Coma Scale < 14 or motor score ≤ 5 [see Appendix A: Glasgow Coma Scale (GCS)]
3. Anatomic injury includes the following:
   - Open or depressed skull fracture
   - Penetrating injury to head, neck, torso, and/or extremities proximal to elbow and knee
   - Flail chest
   - Long bone fracture
   - Crushed, degloved, or mangled extremity
   - Amputation proximal to wrist and ankle
   - Pelvic fractures
   - Paralysis or suspected spinal cord injury
4. 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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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)

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EMERGENCY TRANSFER ADMINISTRATIVE PROCESS

EC/Inpatient

Attending Physician will notify Case Management or Off Shift Administrator\(^1\) (OSA) (outside of business hours) to coordinate acceptance at outside hospital\(^2\)

Yes

Transfer accepted?

No

HFD EMS = Houston Fire Department Emergency Medical Services

\(^1\)Contact Case Management or OSA via operator
\(^2\)Refer to MD Anderson Institutional Policy #CLN0614: Transfer of Patients to, from and Within MD Anderson Cancer Center Policy

Case Management or OSA will:
• Identify and coordinate appropriate transportation service to be used
• Complete the Memorandum of Transfer
• Ensure proper documentation\(^4\) accompanies patient
• Notify appropriate nursing unit when the approval to transfer has been obtained along with information such as address and phone numbers for calling clinical report

Yes

Attending Physician will discuss case with physician at outside hospital

No

Inform patient/family that care will continue at MD Anderson

Manage patient as clinically indicated

Outpatient/MD Anderson public spaces

• Code Blue team contacts HFD EMS for transfer
• Code Blue team to notify outpatient area of patient disposition
• Outpatient team to notify available family and primary team as appropriate

\(^3\)Contact Physician regarding preference for receiving hospital based on clinical scenario. See Appendix B: Texas Medical Center (TMC) Hospital Contact Information. If transfer approval is not promptly obtained, Case Management to contact alternate hospitals to avoid delay.

\(^4\)Documentation:
• “Face sheet”
• Medical records to include a current reconciled medication list and transfer orders per primary care team
• Others as appropriate

Disclaimer: This algorithm has been developed for MD Anderson using a multidisciplinary approach considering circumstances particular to MD Anderson’s specific patient population, services and structure, and clinical information. This is not intended to replace the independent medical or professional judgment of physicians or other health care providers in the context of individual clinical circumstances to determine a patient’s care. This algorithm should not be used to treat pregnant women.

Supporting References

1. Contact Case Management or OSA via operator.
2. Refer to MD Anderson Institutional Policy #CLN0614: Transfer of Patients to, from and Within MD Anderson Cancer Center Policy.
3. Contact Physician regarding preference for receiving hospital based on clinical scenario. See Appendix B: Texas Medical Center (TMC) Hospital Contact Information. If transfer approval is not promptly obtained, Case Management to contact alternate hospitals to avoid delay.
4. Documentation:
   • “Face sheet”
   • Medical records to include a current reconciled medication list and transfer orders per primary care team
   • Others as appropriate

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## APPENDIX A: Glasgow Coma Scale (GCS)\(^1\)

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Spontaneous</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>To verbal stimuli, command, speech</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>To pain only (not applied to face)</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>No response</td>
<td>1</td>
</tr>
<tr>
<td>Eye Opening Response</td>
<td>Oriented</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Confused conversation, but able to answer questions</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Inappropriate words</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Incomprehensible speech</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>No response</td>
<td>1</td>
</tr>
<tr>
<td>Verbal Response</td>
<td>Obeys commands for movement</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>Purposeful movement to painful stimulus</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Withdraws in response to pain</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Flexion in response to pain</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Extension in response to pain</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>No response</td>
<td>1</td>
</tr>
</tbody>
</table>

**Note:** GCS is obtained by adding the score from each parameter.

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

<table>
<thead>
<tr>
<th>For Transfers</th>
<th>Memorial Hermann TMC</th>
<th>Ben Taub Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Transfer Center (713)</td>
<td>(713) 704-2500</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Transfer Center (713)</td>
</tr>
</tbody>
</table>

\(^1\) GCS is obtained by adding the score from each parameter.
SUGGESTED READINGS


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


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:

- Patricia Brock, MD (Emergency Medicine)†
- John Crommett, MD (Critical Care & Respiratory Care)†
- Robert Drew, MBA, RN (Nursing - Emergency Center)
- Wendy Garcia, BS*
- Marina George, MD (General Internal Medicine)
- Petra Grami, MSN, RN (Nursing Administration)
- Angela Hayes-Rodgers, MBA (Off-Shift Administration)
- Pauline Koinis, BSMT*
- Jeffrey Merlin, MD (Emergency Medicine)
- Karen Plexman, MSN, RN (Emergency Readiness)
- Donna Ukanowicz, MS, RN, ACM (Case Management)
- Marian Von-Maszewski, MD (Critical Care & Respiratory Care)
- Mary Lou Warren, DNP, RN, CNS-CC*
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