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Trauma Point of Entry Plan

Background and Scope:

As a general rule, in the case of an emergency, EMS transports patients to the closest geographic hospital with a licensed emergency department, in accordance with the EMS System regulations, 105 CMR 170.355, and the definition in 170.020 for “appropriate health care facility.” The Department interprets this to be the closest hospital by driving time.

Sometimes, a patient’s medical condition makes it more appropriate to take the patient to a hospital that is not the closest. Under the definition at 105 CMR 170.020, an “appropriate health care facility” can also be one designated in a department-approved point-of-entry plan. The Department currently has approved condition-specific point-of-entry plans for trauma, stroke and STEMI patients.

This trauma point-of-entry plan addresses other circumstances when, because of the patient’s specific trauma needs, the patient would clinically benefit from going to a more distant appropriate hospital emergency department identified in Region III as a MDPH designated trauma center. -*See list on next page*- Following the procedures in this trauma point-of-entry plan, an ambulance service and its EMTs may transport an emergency patient to a MDPH designated trauma center other than the closest, based on the patient’s medical condition and need. However, this point-of-entry plan would not require a service and its EMTs to deviate from taking such a patient to the closest hospital emergency department, when not permitted by service level scope of practice, policy or if immediate critical patient interventions are warranted.

A. Medical Control input:

1. If there is any question about whether, based on the above considerations, the patient should be transported to the more distant hospital, contact medical control.
2. If the additional transport time to the more distant hospital, compared to the closest hospital, is less than 20 minutes, EMTs may transport the patient to the more distant hospital under this point-of-entry plan.
3. If the additional transport time to the more distant hospital may be more than 20 minutes, contact medical control.

B. Documentation and Quality Assurance

1. EMTs must document on their patient care report the clinically based reason for deviating from transport to the closest hospital emergency department. EMTs must also document on the trip record the name of the authorizing physician, if medical control was contacted.
2. The ambulance service will maintain a system for review of all instances in which patients are transported to a hospital more distant than the closest hospital emergency department.

Northeast Region EMS Region III Trauma Point of Entry

Notify CMED early and request “Medical Control for a Trauma Alert” and transport trauma patients to:

Highest Level Adult or Pediatric Trauma Center	Level I or II, III Trauma Center	Special Considerations	*Region III Trauma Center* MDPH Designations
<p>Physiologic Criteria:</p> <ul style="list-style-type: none"> ▪ GCS \leq 13 ▪ Respiratory Rate < 10 or > 29 (<20 in infant aged <1 yr); or need for ventilator support ▪ Systolic BP < 90 mmHg (or Hypotension as defined by patient age for Pediatrics) <p>Anatomic Criteria:</p> <ul style="list-style-type: none"> ▪ Chest wall instability or deformity (e.g., flail chest) ▪ Open or depressed skull fracture ▪ Penetrating trauma to head, neck, torso, or extremities proximal to elbow or knee ▪ Crushed, degloved, mangled, or pulseless extremity ▪ Pelvic fracture ▪ Paralysis ▪ 2 or more proximal long bone fractures (or any open fx of these bones) ▪ Amputations proximal to wrist or ankle 	<p>Mechanism of Injury:</p> <p>Falls (1 story = 10 feet)</p> <ul style="list-style-type: none"> ▪ Adult: > 20 feet ▪ Child: 10 feet or 2-3 x height <p>High Risk Auto Collision</p> <ul style="list-style-type: none"> ▪ Death in same patient compartment ▪ Intrusion, including roof: > 12 inch occupant site; or > 18 inch any site, ▪ Ejection (partial or complete) ▪ Vehicle telemetry data (e.g. OnStar) consistent with high risk of injury ▪ Auto vs. pedestrian or bicycle thrown/run over or with significant (> 20 mph) impact ▪ Motorcycle collision >20 mph 	<p>Transport to nearest hospital:</p> <ul style="list-style-type: none"> ▪ Cardiopulmonary Arrest (“Trauma Code”) ▪ Uncontrolled Airway (can’t oxygenate or ventilate) <p>Use best judgment; consider transport to Trauma Center & Medical Control consultation for special cases, including:</p> <ul style="list-style-type: none"> ▪ Children ▪ Severe Burns ▪ Pregnancy > 20 weeks ▪ Anticoagulation & bleeding disorders with head injury ▪ Older Adults (> 55) <ul style="list-style-type: none"> -SBP <110 might represent shock after age 65 -Low impact MOI (e.g., ground level falls) might result in severe injury <p>Consider air ambulance for prolonged transport times.</p>	<p>Region III Level III Adult:</p> <p>Beverly Hospital 85 Herrick Street Beverly, MA</p> <p>Lawrence General Hospital 35 Prospect Street Lawrence, MA</p> <p>Lowell General Hospital/Main Campus 295 Vernum Ave Lowell, MA</p> <p>Melrose Wakefield Hospital 585 Lebanon Street Melrose, MA</p> <p>Northshore Medical Center Salem Hospital 81 Highland Ave Salem, MA</p> <p>Level I Adult & Level I Pedi: (Region IV)</p> <ul style="list-style-type: none"> - Massachusetts General Hospital/Mass General for Children - Boston Childrens Hospital

