TRAUMA DESTINATION GUIDELINES

PENNSYLVANIA:

- **Adult trauma:** If a member institution trauma center is within 10nm of the closest overall trauma center, STATCOM will provide **ONLY** the member hospital as the expect destination. If the closest member institution trauma center is greater than 10nm further than the closest overall trauma center, the communications center will provide the closest recognized Pennsylvania trauma center **AND** the closest member institution trauma center as the expect destinations. If a Pittsburgh member institution trauma center is one of the expect destinations, the specific destination will be determined by referencing the EMS pre-designated referral list. If the ambulance service on scene is not predesignated, the trauma rotation list will be utilized in order to identify the specific expect destination.

- **Inclement weather** can be a reason for transporting to a more distant trauma without medical command approval.
  - **IF** the air transport to the more distant trauma will take longer than ground transport to the closest trauma center, the patient is to be taken by ground to the closest trauma center.

- **Pediatric trauma:** (14yrs and younger) are to be transported by air to the closest pediatric trauma center **unless** the closest pediatric trauma center is further than 30nm from the closest trauma center. If so, the communications center will provide the expect destination based on the guidelines in the adult trauma section of this guideline.

- **Burn–Trauma / Burn:** are to be transported by air to the closest burn center **unless** the closest burn center is further than 30nm from the closest trauma center. If so, the communications center will provide the expect destination based on the guidelines in the adult trauma section of this guideline.
  - **IF** there is no burn center within a 30nm difference of the closest trauma center, and the medical crew determines that the patient’s condition is stable, the medical crew shall contact medical command for direction on destination.
  - **IF** the burn is associated with acute traumatic injury, the burn center must also be a trauma center.
  - **IF** the patient is 14yrs or younger, the burn center must be capable of treating pediatric burn patients.

- **Other exceptions** for transport to a different facility may include (not all inclusive). **ALL** of the below scenarios, and any other similar scenarios **MUST** be approved by medical command prior to transport:
  - Anticipation of a specific specialty need (hyperbaric treatment, burn care, extracorporeal rewarming)
  - Available resources at the receiving facility (multiple victim events, availability of specialty services, etc)
  - Specific request made directly to STAT MedEvac personnel by the patient or person with legal authority to act for the patient.
  - Any patient / family request to be transported to an out-of-state trauma center when that center is not within 10nm of the closest trauma center.

- **Recognized out-of-state trauma centers:** (If a requested facility is not listed below, obtain approval from the MDOC prior to transporting):
  - WVU – Morgantown, WV
  - St. Elizabeth’s – Youngstown, OH
  - Christiana – Newark, DE
  - Cooper Health System – Camden, NJ
  - Capital Health System of Fuld – Trenton, NJ
TRAUMA DESTINATION GUIDELINES

- **STAT MedEvac Member Institutions:**
  - Altoona General Hospital
  - Children’s Hospital of Pittsburgh
  - UPMC – Mercy Hospital – Pittsburgh
  - UPMC – Presbyterian
  - UPMC – Hamot

MARYLAND:

- **Adult trauma:** STATCOM will advise the aircraft to expect Shock Trauma unless Shock Trauma is greater than 30nm further from the scene than the closest trauma center. If this is the case, the aircraft will be told to expect the closest trauma center.

- **Pediatric trauma:** STATCOM will advise the aircraft to expect the closest of the following pediatric trauma centers:
  - Johns Hopkins
  - Washington Hospital Center, DC

- **Burn / Burn Trauma:** STATCOM will advise the aircraft to expect the closest of the following burn or burn trauma centers:
  - Johns Hopkins – Bayview
  - Washington Hospital Center, DC

- EMS Providers can specify the destination; usually done after they have consulted with medical command. This will almost always be Shock/Trauma unless specialty care or pediatric care is required.

OHIO:

- Only Level-1 & Level-2 trauma centers are recognized.

- Patients are to be transported to a Level-1 trauma center IF that center is no more than 10nm further than the closest Level-2 trauma center. If the Level-1 trauma center is greater than 10nm further, the patient is to be transported to the closest Level-2 facility.

- Transport to a more distant trauma center (other than described above) MUST have on-line medical direction approval. Possible patient / situation considerations can be:
  - Anticipation of a specific specialty need (e.g. pediatric, burns, etc)
  - Available resources at the receiving facility (multiple victim events, availability of specialty services, etc)
  - Specific request made directly to STAT MedEvac personnel by the patient or person with legal authority to act for the patient.
NEW YORK:

- **Adult trauma patients**: The communications center will advise the aircraft to expect the closest trauma center (any state).

- **Inclement weather** can be a reason for transporting to a more distant trauma without medical command approval.
  - **IF** the air transport to the more distant trauma will take longer than ground transport to the closest trauma center, the patient is to be taken by ground to the closest trauma center.

- **Pediatric patients** (14yrs and younger) are to be transported by air to the closest pediatric trauma center. **If** the closest pediatric trauma center is greater than 30nm further than the closest adult trauma center, the patient is to be transported to the closest adult trauma center.

- **Burn–Trauma / Burn patients** are to be transported to the closest burn center **unless** the closest burn center is further than 30nm from the closest trauma center.
  - **If** there is no burn center within 30nm of the closest trauma center, and the medical crew determines that the patient’s condition is stable, the medical crew shall contact medical command for direction on destination.
  - **If** the burn is associated with acute traumatic injury, the burn center must also be a trauma center.
  - **If** the patient is 14yrs or younger, the burn center must be capable of treating pediatric burn patients.

- **Other exceptions** for transport to a different facility may include (not all inclusive). **ALL** of the below scenarios, and any other similar scenarios **MUST** be approved by medical command prior to transport:
  - Anticipation of a specific specialty need (hyperbaric treatment, burn care, extracorporeal rewarming)
  - Available resources at the receiving facility (multiple victim events, availability of specialty services, etc)
  - Specific request made directly to STAT MedEvac personnel by the patient or person with legal authority to act for the patient.
  - Any patient/family request to be transported to a more distant trauma center.