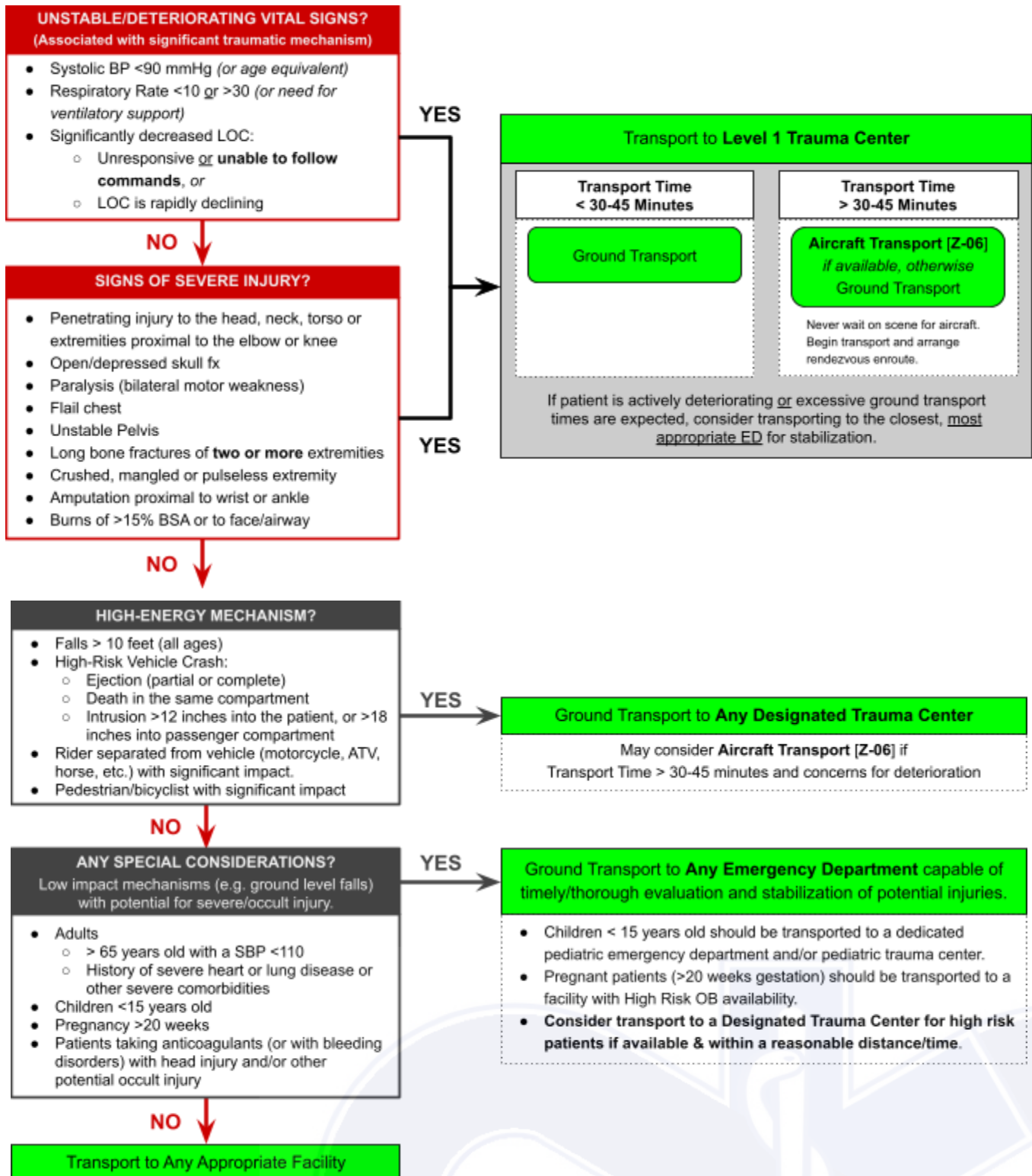


Q-03  
TRAUMA DESTINATION

Based on the CDC Guidelines for Field Triage of Injured Patients  
February 2022 Release



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**NOTES:**

- “*Medical Miranda*”: Transport of the patient to a requested destination shall not constitute neglect of duty imposed by law **IF** the person making the decision (e.g. patient or legal guardian) has been informed that Tennessee has a trauma system, which would in their circumstance transport them to another facility.
- Medical Control will have final jurisdiction over destination, excluding requests made by:
  - Any patient of legal majority (age 18 or over)
  - The parent or legal guardian of a minor patient
  - An emancipated minor
- If the patient’s condition deteriorates during transport (such that their life/health are considered in serious jeopardy if the planned destination is pursued), **AND**, when contacted, if online Medical Control deems transport to a higher level trauma center is necessary, the patient may be transported against their request to the appropriate facility.

**TRAUMA TREATMENT PRIORITIES** - also see Initial Multi-System Trauma [T-01]

- If multiple patients, initiate the S.T.A.R.T. [**1-R3**] and Multiple Casualty Incident System
- Treat patient(s) per appropriate clinical guideline(s), including oxygen/airway maintenance and fluid resuscitation appropriate for the patient’s condition.
- The patient should be packaged and transported as soon as possible to a trauma center or to rendezvous with an aircraft if they meet any of the criteria for a Level 1 Trauma Center in the Destination Criteria above.
- Non-lifesaving procedures such as splinting and bandaging must not delay transport (except for control of life-threatening hemorrhage).

**QI Review Parameters:**

1. {pending}