



Orig. 1-7-14 mbg

TRAUMA DIVERSION PROTOCOL

Purpose: Occasions may arise when one or more essential hospital resources are functioning at maximum capacity or are unavailable. In this case it is in the best interest of the trauma patient to be directed to an alternative facility for care.

Policy: Trauma Diversion is a rare situation but might occur in the following circumstances:

- The Emergency department is saturated and demand for critical patient care resources exceeds availability.
- Emergency department resources are fully committed due to an external disaster/multiple-casualty event.
- Emergency department resources are unavailable due to an internal disaster or catastrophic mechanical failure

In these rare cases, the emergency department physician may make the decision to divert trauma patients for a short period of time. The diversion status should be reviewed at least hourly to provide for the shortest possible time on diversion.

Diversion of trauma patients only pertains to incoming ambulance patients and not to walk-in patients. A patient coming via ambulance while on "Trauma Diversion" will be accepted if the EMS provider and monitoring physician determine that the patient is experiencing a condition that transport to the next closest appropriate trauma center could result in increased morbidity or death. "Trauma Diversion" status is a request to EMS personnel to transport the patient to another facility. The patient or EMS personnel may decline the request to divert provided they have been properly apprised of the potential for delayed treatment affecting the care of the patient.

Ambulance patients who have arrived on hospital property will be admitted to the emergency department and evaluated by a physician regardless of the hospital's diversion status.

Procedure: Trauma Diversion

1. The emergency department physician will decide on the need to go on "Trauma Diversion" and will notify the Emergency department charge nurse
2. The charge nurse will notify the :
 - a. Emergency department nursing staff
 - b. EMS
 - c. Neighboring hospitals
3. The emergency department charge nurse begins a "Trauma Diversion Tracking Log"

When contacted by EMS with report regarding a seriously injured trauma patient, the emergency department staff nurse taking report notifies the EMS crew that the hospital is on trauma diversion and immediately notified the emergency department physician. The physician will determine if the patient is to be seen in the emergency room or be diverted to a nearby facility. Decision to divert must be made quickly to minimize the amount of time the patient spends in transit.

DC of Diversion

1. The emergency physician who initiated the closure must:
 - a. Continuously evaluate the need to remain on trauma diversion
 - b. Make the decision as to when the hospital is no longer on trauma diversion
 - c. Notify the emergency department charge nurse when no longer on trauma diversion
2. The charge nurse notifies:
 - a. Emergency department nursing staff
 - b. EMS
 - c. Neighboring Hospitals
3. The emergency department charge nurse completes the "Trauma Diversion Tracking Log" and forwards it to the trauma program manager

MITCHELL COUNTY HOSPITAL HEALTH SYSTEMS

TRAUMA DIVERSION TRACKING LOG

Complete one form each time the hospital goes on divert.

ON DIVERSION

Date: _____

Time: _____

Determining Physician: _____

OFF DIVERSION

Date: _____

Time: _____

Determining Physician: _____



PATIENT DIVERSION

Number of patients diverted: _____

Date/Time: _____
Ambulance Service: _____
Chief Complaint: _____
Diversion Destination: _____
Date/Time: _____
Ambulance Service: _____
Chief Complaint: _____
Diversion Destination: _____
Date/Time: _____
Ambulance Service: _____
Chief Complaint: _____
Diversion Destination: _____