

## Arkansas Trauma Transfer: Required Data from Sending ED

Trauma Program Managers,

Below is the format / flow of information that is required to facilitate a trauma transfer with TraumaComm. Please share with your emergency department nursing and physician staff.

1. Name of facility
2. Name of caller
3. First and Last name of treating physician
4. Patient arrival time
5. Patient arrival date
6. Method of arrival, POV or EMS.
  - a. If by EMS the name of the service that brought them in (and from which city; there are several agencies in the state that serve multiple areas)
7. Trauma Band #
8. Patient's first and last name (Legal name)
9. Date of birth & age (our software doesn't auto calculate). If days or months, please specify.
10. Current Vital signs:
  - a. Blood Pressure (Systolic and Diastolic)
  - b. Pulse Rate
  - c. Respiratory Rate (the real one, it could still be 18 I guess 😊)
  - d. SpO2 (if available & relevant)
  - e. ETCO2 (if available & relevant)
  - f. GCS (prior to sedation if applicable)
  - g. Weight in Kilograms
  - h. ATCC will also ask if the patient has experienced ANY episodes of hypotension or had a + Shock Index (yes or no) to include as reported by EMS if not reported by the caller and will relay to the receiving ED if applicable.
11. Summary of incident/injuries/limitations/mechanism of injury, reason for transfer, treatment performed, etc. This is our "case notes" area that is free text into the database.
12. Has images been uploaded to the TIR; yes, no is pending upload, no imaging performed.

Once this data has been obtained is when ATCC will connect the caller with the prospective receiving hospital.

Once accepted, if an "Urgent Trauma Transfer" has not been requested, ATCC will disconnect from all callers, and the sending hospital will call ATCC back with case ending info once the patient departs, if by EMS (ground or air). If by POV, the case entry will end at this point.

When the sending ED calls ATCC back to with case ending info, the following data are required.

13. The name of the **INITIAL** EMS agency contacted.
14. The time that the initial EMS agency was contacted.
  - a. If more than one EMS agency was contacted, what agency and time was the **FINAL** EMS agency contacted.

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- i. For example, the initial request to transport was to First Care EMS at 13:15, and they declined, other EMS agencies were contacted, all declining, and finally Sally's Triage and Transport Service agreed to transport and was contacted at 14:02. The names and times needed are:
  1. First Care EMS at 13:15
  2. Sally's Triage and Transport Service at 14:02

15. The time the transporting EMS agency arrived.

16. The time the patient departed the ED via EMS.

17. Vital Signs at the time of discharge:

- a. Blood Pressure
- b. Pulse Rate
- c. Respiratory Rate
- d. SpO2 (if available & relevant)
- e. ETCO2 (if available & relevant)
- f. GCS
- g. Again, ATCC will ask if the patient experienced ANY episodes of hypotension or had a + Shock Index since the initial call was completed.

18. ATCC will also begin by asking if blood or blood products were administered by the sending hospital. Feel free to provide the details of MTPs that can be entered into the case notes area, at a minimum ATCC will categorize the answer as:

- a. No, Not Applicable
- b. No, Not an Available Resource
- c. Yes, Blood Only
- d. Yes, Blood and Blood Products
- e. Yes, Blood Products Only

Although non-practitioners (secretaries, patient care techs, unit ward clerks, etc.) are allowed (not recommended) to initiate the transfer requests with ATCC, it is HIGHLY encouraged that nurses or physicians be the one making the request in order to speak to any nuances or complexities of the patient and/or their condition(s).

### **ATCC Feedback Form QR Code**

<https://atcc.readyop.com/fs/4c9u/b429f9a4>

