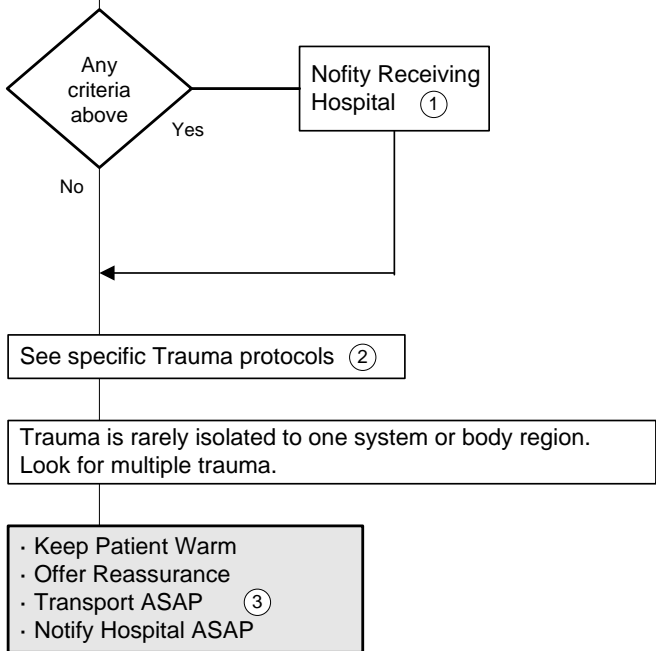


Trauma System Entry

ILS Protocol

- Scene Safety**
- Airway
 - Protect C-spine
 - Open/maintain airway
 - Breathing
 - Assist Ventilations as needed
 - Oxygen 100%
 - Circulation
 - Transport ASAP

Entry Criteria :		
Vital Signs (Mandatory)	Mechanism (Mandatory)	Comorbidity (Discretionary)
*Syst BP <90mmHg	*Death of same car occupant	*Age (<5 or >55)
*Resp. distress w/ rate <10 or >29	*Pt ejected from enclosed vehicle	*Bleeding disorder or anticoagulants
*GCS <12	*Heavy extrication >20min	*Cardiac/Resp. disease, Diabetes, Cirrhosis, or Morbid Obesity
Anatomy (Mandatory)	High Energy Transfer (Discretionary)	*Pregnancy
Penetrating head/neck/ torso/ or groin	*Fall > 20ft	*Immunosuppressed
Amputation above wrist or ankle	*Ped. hit @ 20 mph or thrown 15ft.	*Presence of intoxicants
Spinal cord inj w/ paralysis	*Rollover	*Other_____
Flail chest	*MC, ATV, bicycle crash	
2 or more obvious femur or humerus fx	*Significant impact or intrusion	



If ALO transports patient, it is the responsibility of the ground agency to contact the receiving hospital and notify them of the trauma system entry. Responding ground agency need to forward a PHCR to the receiving hospital ASAP.

- Document:**
- Airway
 - Respiratory Status
 - Circulation
 - Neurologic Status
 - Glasgow Coma Scale
 - Revised Trauma Score
 - Detailed Assessment
 - Vital Signs, SpO2
 - Treatment
 - Trauma Band Number

1 Advise receiving hospital of trauma criteria met and ETA. Provide any additional pt. information if time and resources permit. Advise receiving hospital if entry is Mandatory or Discretionary
 2 If high index of suspicion but patient does not meet trauma system criteria ensure receiving hospital has adequate patient information to prepare for patient arrival.
 3 Consider ALO if appropriate.