

ATS LEVEL 1 TRAUMA HOSPITAL RESOURCES

Resource Status*	Trauma Status*	Actions [§]
ED-T or ED or ANES or OR or X-RAY = RED	RED	No scene pts/No transfers
TICU and TS/SS = RED	RED	No scene pts/No transfers
TS and SS = RED	RED	No scene pts/No transfers
TICU = RED	YELLOW (TSO)	Unstable scene pts/No transfers
TS = RED	YELLOW (TSO)	Unstable scene pts/No transfers
SS = RED	YELLOW (TSO)	Unstable scene pts/No transfers
OS = RED	YELLOW	No isolated ortho transfers
NS = RED	YELLOW (TBO)	No isolated brain injuries (≤13)
*assumes all other resources are green (available)		[§] see attached hospital destination notes

Hospital Destination Notes for Alabama Trauma System (ATS) Level 1 Trauma Hospitals

1. Hospital destination for patients entered into the system will be the closest appropriate, available trauma hospital based on secondary triage and trauma hospital availability.
2. When a hospital is on yellow status for the trauma surgeon/secondary backup surgeon status, trauma patients are directed to that trauma hospital only when equivalent facilities are unavailable or beyond the routine 60 minute transport time, or there are multiple casualties requiring care at that level.
3. In the event a patient or family member requests transport to a specific facility that does not meet system guidelines, efforts will be made to clarify and encourage the advantage of using the ATS and a specific request to follow the established ATS plan will be made of the family. The patient's wishes will, however, ultimately prevail.
4. If an event occurs where there are multiple patients meeting ATS entry criteria, the patient who is most critically injured (yet potentially salvageable) should go to the nearest appropriate green trauma hospital based on secondary triage criteria. The other patients should go to appropriate green and yellow trauma hospitals as coordinated through the Alabama Trauma Communications Center (ATCC).

5. In the following situations, the patient should be transported IMMEDIATELY to the closest hospital with full time emergency physician coverage (trauma hospital preferably) as coordinated by the ATCC:
 - a) The EMSP is unable to effectively manage the airway or ventilate the unstable patient.
 - b) The EMSP is unable to stop the bleeding of a patient with severe hemorrhage.
 - c) The EMSP is unable to establish/maintain an IV/IO to provide volume resuscitation in an unstable, hypovolemic patient.

Final destination will be routed by the ATCC:

1. In a situation where ATCC notification has occurred and no medical direction is needed, the ATCC will notify the receiving trauma hospital of the patient transport and provide information of condition, mechanism of injury, estimated arrival time, etc.
2. If the patient meets physiologic criteria and the appropriate level trauma hospital (determined by primary and secondary triage) is not available, the patient should be transported to nearest currently active (green) trauma hospital.
3. If the patient is stable and the trauma system hospital, according to the secondary triage, is not available, the patient may be taken to the nearest actively available (green) trauma hospital.
4. If, in the attending trauma surgeon's judgment, a Level 1 trauma hospital is nearing capacity, the surgeon may place the Level 1 trauma hospital on trauma system overload (TSO). The Level 1 trauma hospital will appear yellow on the resource screen. The Level 1 trauma hospital will remain available for trauma patients entered into the system under physiologic criteria, but patients entered under any other criteria will be routed as if the Level 1 trauma hospital is unavailable. Patients routed in this manner will be reported to the RAC and to ADPH/OEMS.
5. If, in the attending trauma surgeon's judgment, a Level 1 trauma hospital is nearing capacity to treat isolated traumatic brain-injured patients, the surgeon may place the Level 1 trauma hospital on traumatic brain overload (TBO). The Level 1 trauma hospital will appear yellow on the resource screen (Red for NS). The Level 1 trauma hospital will remain available for trauma patients entered into the system under any other criteria except isolated head trauma with a GCSS of 13 or less. (Multi-system trauma system patients with a GCSS of 13 or less may still be routed to a level 1 trauma hospital that is on TBO.) Patients routed in this manner when a level 1 trauma hospital is on TBO will be reported to the RAC and to ADPH/OEMS.