

# Preparation For Retrieval



**RAUMA**  
VICTORIA

## Careful Preparation for Retrieval Transport Improves Care & Reduces Risk



### AIRWAY

#### ENSURE PATIENT AIRWAY SAFETY

- 1 Assess airway stability
- 2 ETT patent, secure and position confirmed
- 3 ET<sub>CO</sub>2 continuous monitoring
- 4 Sedation and/ or paralysis adequate



### BREATHING

#### ENSURE OPTIMISED OXYGENATION

- 1 Observe respiratory rate and character
- 2 SpO<sub>2</sub> monitored / blood gases reviewed
- 3 Administer oxygen using an appropriate delivery device
- 4 Ensure ventilation settings appropriate
- 5 Intercostal catheters patent and secure



### CIRCULATION

#### ENSURE IV ACCESS AND MANAGEMENT

- 1 Ensure x 2 peripheral access secure and patent, injection ports accessible.
- 2 Consider intraosseus access where IV access difficult
- 3 Secure all CVC/arterial lines
- 4 ECG & NiBP/ Arterial BP appropriately monitored and managed
- 5 IDC and orogastric tube insitu - output measured
- 6 Check blood sugar
- 7 Prepare medications for transfer according to the [Monash Childrens Paediatric Emergency Medication Handbook](#) or [Adult Retrieval Victoria Infusion Guidelines](#)



### DOCUMENTS & DEPARTURE

#### ENSURE DOCUMENTATION COMPLETE

- 1 Complete referral and transfer document
- 2 Provide copies of all patient charts & NOK details
- 3 Investigation & imaging results included
- 4 Be aware of any advanced care directives
- 5 Ensure belongings are managed and family engaged



### EQUIPMENT

#### EQUIPMENT CHECK

- 1 Oxygen/infusions sufficient for transport
- 2 Batteries and spares sufficient
- 3 BVM and suction available and functioning

#### OTHER

- + Monitor temperature and prevent heat loss
- + Ensure pressure area care is attended
- + Gastric decompression if intubated
- + Empty drainage bags prior to transport
- + Administer anti-emetic and analgesia as required
- + Restrict spinal motion, manage splints & pelvic binder if indicated, consult with ARV/ PIPER if not tolerated
- + Seizure prophylaxis in Traumatic Brain Injury

#### ALERT

It is important that you notify the ARV/PIPER Coordinator of:

- Significant deterioration in:
  - Conscious state
  - Respiratory status or oxygenation
  - Heart rate
  - Blood Pressure
- Major clinical developments such as: significantly abnormal diagnostic tests or new clinical signs.
- The need for major interventions prior to the retrieval team arriving such as: intubation or surgery



**Ambulance**  
Victoria

1300 36 86 61

**ARV**  
Adult Retrieval Victoria

**PIPER**

Paediatric Infant Perinatal Emergency Retrieval

1300 13 76 50

## Criteria for early notification of trauma for interfacility transfer<sup>1</sup>

ALL trauma patients - do rapid assessment of vital signs, injuries and mechanism of injury

	Adult	Newborn < 4 weeks	Infant 1 – 12 mths	Child 1 – 8 years	Child 9 – 15 years
<b>Vital signs</b>					
Respiratory rate/minute	< 10 or > 30	< 40 or > 60	< 20 or > 50	< 20 or > 35	< 15 or > 25
SpO <sub>2</sub> on room air	< 90%	< 95%	< 95%	< 95%	< 95%
Systolic BP mmHg	< 90	n/a	< 60	< 70	< 80
HR/minute	> 120	< 100 or > 170	< 90 or > 170	< 75 or > 130	< 65 or > 120
GCS	< 14	Altered LOC	Altered LOC	Altered LOC	Altered LOC

<b>Injuries</b>	
	<ul style="list-style-type: none"> <li>• <b>All penetrating injuries</b> <ul style="list-style-type: none"> <li>– head/neck/chest/abdomen/pelvis/axilla</li> </ul> </li> <li>• <b>Blunt injuries</b> <ul style="list-style-type: none"> <li>– patients with significant injuries to a single region - head/neck/chest/abdomen/pelvis/axilla</li> <li>– patients with injuries involving 2 or more of the above body regions</li> </ul> </li> <li>• <b>Specific injuries</b> <ul style="list-style-type: none"> <li>– limb amputation/life threatening injuries</li> <li>– suspected spinal cord injury</li> <li>– burns: adult &gt; 20% BSA (child &gt; 10%)</li> <li>– suspected respiratory tract burns</li> <li>– serious crush injury</li> <li>– major compound fracture or open dislocation</li> <li>– fracture to 2 or more: femur, tibia, humerus</li> <li>– fractured pelvis</li> </ul> </li> </ul>

<b>Mechanism of injury</b>	
	<ul style="list-style-type: none"> <li>• Ejection from vehicle</li> <li>• Motorcyclist impact &gt; 30 kph</li> <li>• High speed motor vehicle collision &gt; 60 kph</li> <li>• Vehicle roll over</li> <li>• Fatality in same vehicle</li> </ul>
	<ul style="list-style-type: none"> <li>• Prolonged extrication &gt; 30 minutes</li> <li>• Pedestrian impact</li> <li>• Fall from height &gt; 3 metres</li> <li>• Struck on head by falling object &gt; 3 metres</li> <li>• Explosion</li> </ul>

**If ANY of the above are present PROMPTLY CALL**

**RSQ ☎ 1300 799 127**

**for management support, retrieval advice and destination decision**

**or your local/state trauma escalation service**

**If none of the above is present, follow usual local processes for assessment and transfer of the patient**