

TIME CRITICAL PATIENT GUIDELINE

(Revised: August 2018)



The following patients can be considered actually or potentially *Time Critical*. This requires a minimum scene time, treatment en-route (wherever possible) and prompt transport to a designated Trauma Centre for trauma patients. This is a guideline only, and does not represent a complete and exclusive list of time critical patients.

1. TRAUMA PATIENTS

Vital signs (adult) (*actual time critical indicators*):

Transport directly to TCH

- respiratory distress (rate >36 or <5/minute) or
- haemodynamic instability (HR <40 or >120/minute; systolic BP <90mmHg) or
- altered LOC (GCS <13)

Pattern of injury (*actual time critical indicators*):

Transport directly to TCH

- penetrating injury to head, neck, torso, axilla or groin
- amputation above the wrist or ankle
- ischaemic limb
- suspected fractured pelvis
- suspected crush syndrome
- paralysis or significant weakness of limbs
- *significant* injury to a single body region (e.g. head, abdomen, chest) or
- *lesser* injuries to two or more body regions
- burns >10% body surface area or
- any burn to *special* areas (e.g. eyes, genitals or respiratory tract involvement)

Mechanism of injury (*potential time critical indicators*):

**Significant mechanism of injury alone, without signs and symptoms of injury
DOES NOT warrant transport to TCH**

- motor vehicle –
 - a. high speed (>60kph) with significant intrusion into the passenger compartment
 - b. rollover
 - c. patient ejected from vehicle
 - d. death / serious injury of another occupant
 - e. trapped, with actual extrication time >20 minutes
- pedestrian – struck by a vehicle at >30kph
- pedal / motorcyclist – impact speed >30kph
- other –
 - a. fall – distance greater than twice the patient's height
 - b. struck by object falling >5m (relative to weight of object)
 - c. explosion / blast

continues over



2. OTHER PATIENTS

- chest pain suggestive of ischaemia
- stroke
- unrelieved upper airway obstruction
- acute hypoxia – unresponsive to treatment
- aortic aneurysm or dissection
- deteriorating level of consciousness (from any cause)
- worsening hypotension (from any cause)
- heatstroke or significant hypothermia
- significant arrhythmias – unresponsive to treatment
- prolapsed umbilical cord or complicated labour
- generalised seizures – unresponsive to treatment
- carbon monoxide poisoning with decreased level of consciousness
- cardiac arrest in advanced pregnancy (gestation >20 weeks)
- GI bleed (eg. haematemesis / melaena **with** signs of shock)

Modifying factors for all time critical patients:

- age <5 years or >60 years
- previous medical conditions
- lack of response to current treatment
- current use of anticoagulants