



ACTAS Paramedics will transport emergency patients to the geographically closest public Emergency Department.

The following patient groups will bypass the closest hospital, and be transported to CH&HS (TCH) unless profoundly unstable (eg. airway unable to be managed):

- Major trauma ¹
- Orthopaedic injury ²
- Serious paediatrics ³
- Patients requiring vascular intervention ⁴
- Patients with significant GI bleed ⁵
- ST elevation myocardial infarction (STEMI)
- Premature labour (20 – 34 weeks gestation: to Birthing Suite, Centenary Hospital for Women and Children, Canberra Hospital campus)
- Patient on mental health emergency order
- Infants (0 – 1 year)

¹ MAJOR TRAUMA CRITERIA (direct to CH&HS):

Blunt or penetrating trauma with any of the following:

- threatened airway / requiring airway management / intubated
- haemodynamic instability (heart rate <40 or >120/min; systolic BP <90mmHg; respiratory rate <5 or >36/min)
- altered level of consciousness
- neurological deficit
- major burns
- obvious fracture (clear deformity / compound fracture)
- apparent tendon / nerve injury
- large / complex wounds
- diving emergencies

NOTE: significant mechanism of injury alone without signs and symptoms of injury does not warrant transport to CH&HS.

NOTE: penetrating trauma to the head/neck/torso is to be transported to CH&HS

continues over



² ORTHOPAEDIC INJURIES

Direct to CH&HS	Closest hospital
<ul style="list-style-type: none">• apparent fracture with clear deformity• compound fracture• clinically evident fractured neck of femur (shortened, rotated limb) or high clinical suspicion of same• dislocations other than to patella, shoulder, fingers or prosthetic hip	<ul style="list-style-type: none">• soft tissue injury• apparent dislocation to patella, shoulder, fingers or prosthetic hip

³ PAEDIATRIC PATIENTS (>1 year old)

The following paediatric patients (>1 year old) are suitable for closest ED – all others will be transported to CH&HS:

- febrile illness *without* neurological signs or dehydration
- *mild* croup (mild chest wall retractions and tachycardia, but no stridor at rest)
- *minor* injuries (excluding altered level of consciousness or obvious fractures)
- *mild* asthma (not exhausted, talking in sentences, HR <140/min, SpO₂ >95% on room air [prior to treatment], responding to initial treatment)