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
- Orthopaedic injury
- Serious paediatrics
- Patients requiring vascular intervention
- Patients with significant GI bleed
- 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

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 regardless of signs and symptoms.
2 ORTHOPAEDIC INJURIES

<table>
<thead>
<tr>
<th>Direct to CH&amp;HS</th>
<th>Closest hospital</th>
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<tbody>
<tr>
<td>• apparent fracture with clear deformity</td>
<td>• soft tissue injury</td>
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<tr>
<td>• compound fracture</td>
<td>• apparent dislocation to patella, shoulder, fingers or prosthetic hip</td>
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<tr>
<td>• clinically evident fractured neck of femur (shortened, rotated limb) or high clinical suspicion of same</td>
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<tr>
<td>• dislocations other than to patella, shoulder, fingers or prosthetic hip</td>
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</table>

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)

4 PATIENTS REQUIRING VASCULAR INTERVENTION (direct to CH&HS):

- ischaemic limb
- suspected AAA

5 PATIENTS WITH SIGNIFICANT GI BLEED (direct to CH&HS):

- haematemesis / melaena with signs of shock

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Date: 28 January 2014