

Under limited circumstances, victims of trauma may not be transferable to the Trauma Center quickly, yet may sustain significant blood loss, either externally or internally. The most likely victims meeting these conditions are those entrapped as a result of a motor vehicle collision or structural collapse. In these situations, continued administration of Normal Saline may actually be detrimental, while the transfusion of Packed Red Blood Cells (PRBC) may be preferred.

General Care

All usual attempts to transport the patient from the scene to the Trauma Center should be made. In the event that extrication of the patient is difficult or prolonged, intravenous lines should be placed and crystalloid resuscitation initiated.

If evidence of blood loss exists (external hemorrhage, fractured femur(s), fractured pelvis, distended abdomen, etc.) and no immediate extrication is expected, consideration should be given to requesting blood for transfusion on-scene. This is a complex procedure and requires time; therefore, the decision must be made thoughtfully but expeditiously.

NOTE: *If there is refusal on the part of a competent adult based on religious objections, this should be honored.*

ALS

1. The Rescue OIC on scene shall initiate the request for a field transfusion by contacting the MCP at the closest appropriate Trauma Center via Fire Alarm Office. The FAO will monitor the transmission and advise the Medical Director or Assistant Medical Director and dispatch the closest EMS Field Supervisor.
2. Upon approval, the Rescue OIC will request through MedCom or the FAO that Air Rescue or the closest appropriate ground unit respond to the Trauma Center to provide transportation of blood and personnel to the scene.
3. Trauma Center personnel will obtain two units of packed red blood cells (PRBC) from the Blood Bank, along with proper filters, administration sets, and documentation, and await the arrival of the transporting unit.
4. A designee from the Trauma Center will accompany the Fire Rescue unit to the scene and be responsible for all documentation and the administration of blood to the patient.
5. Once the patient is extricated, they will be transported to the Trauma Center with all applicable documentation and with any unused blood.