TRANSFER OF TRAUMA PATIENTS TO THE ORTHOPEDIC SERVICE

Patients admitted to Trauma Service with Orthopedic consult
- Patients re-evaluated with tertiary exams
- Tertiary exam and scans (FINAL RESULTS) confirm isolated orthopedic injuries (Pt. With rib fractures excludes transfer)
- Patient must be hemodynamically stable and hemoglobin > 7.0
- Seen and evaluated by Trauma Attending
- Patient has no active non-orthopedic trauma problems
- Reason for hospitalization is orthopedic related (extremity and/or spine including post-op or non-op orthopedics, i.e. needs ABX or PT/OT)

- The Orthopedic Resident will be called, and he/she will accept the transfer of the patient to the Orthopedic Surgery Service. The Ortho resident will “EPIC” the transfer. Ortho can request the Trauma resident to “EPIC” the transfer if they are unavailable to do so.
- Trauma will document acceptance of transfer. The Trauma Service will follow the patient for a minimum of 1 day post transfer, only for active trauma issues- can be PA.
- For medical co-morbidities, Internal Medicine consultation will be obtained at the request of the Ortho service
- When mutually agreeable, the Trauma Service will “sign off” as consultants
- The Trauma Service can be re-consulted with any other new or recurrent trauma issues
- Trauma will write on D/C, Trauma clinic follow up date

Exclusions would include:
- Patients in ICU
- Patients with multiple active trauma issues
- Any ongoing hemodynamic instability
- Trauma related medical issues → examples: rhabdomyolysis, blunt cardiac injury

Performance Improvement will track outcomes & process of care