



A DIVISION OF
HEALTH CARE SERVICES
AGENCY

San Joaquin County

Emergency Medical Services Agency



<http://www.sjgov.org/ems>

Mailing Address
PO Box 220
French Camp, CA 95231

Health Care Services Complex
Benton Hall
500 W. Hospital Rd.
French Camp, CA 95231

Phone Number
(209) 468-6818

Fax Number
(209) 468-6725

Policy Memorandum No. 2019-03

DATE: May 6, 2019

TO: Base Hospital Personnel and Administration
Prehospital Personnel and Providers

FROM: Katherine Shafer, M.D., Medical Director
Dan Burch, EMS Administrator

SUBJ. Trauma Patient Care Transfer Reporting and Transport Directly to Operating Suite

The purpose of this memorandum is to provide guidance on the transfer of care of a major trauma to trauma center staff at San Joaquin General Hospital. Prehospital personnel are directed to use the MIVT (Mechanism, Injury, Vitals, and Treatment) reporting format outlined in this memorandum when transferring care of all patients meeting major trauma triage criteria per EMS Policy No. 5210, Major Trauma Triage Criteria. The purpose of the MIVT report format is to systematically relay pertinent patient care information quickly and efficiently to allow for the trauma center staff to render trauma care without delay.

Transfer of Care Process:

In most cases the attending paramedic will be allowed 40 seconds prior to patient transfer from ambulance stretcher to trauma center gurney to deliver an MIVT report. If the major trauma patient is under chest compression or requires immediate airway control the MIVT report will be delayed until after patient transfer to the trauma center gurney with the MIVT report being given at the direction of the attending trauma surgeon.

MIVT Format:

M = Mechanism of injury. Include all mechanisms of injury, including a description of all blunt mechanisms as well as penetrating injuries.

I = Injuries identified or injuries suspected. Paramedics usually describe, in addition to obviously identified injuries, areas where the patient has complained of pain or soreness.

V = Vital signs including level of consciousness. It is very important for the paramedic to state level of consciousness and Glasgow Coma Scale. If the level of consciousness has waxed and waned, or decreased in any way, it is important to make note of this. It is also at this point that the paramedic should note pupil assessment (unequal, fixed, dilated, pinpoint, reactive or nonreactive).

T = Treatment or therapies and response to therapies. If the patient had low blood pressure and received a fluid challenge of crystalloid to which his blood pressure responded, it should be noted here. If the patient had lack of a distal pulse prior to hare traction splint application which did not reappear or did reappear after application of the splint, it should be noted here.

The following is an example of an MIVT report: “Pedestrian in cross walk struck by pickup truck and thrown approximately 40 feet; Chest trauma with paradoxical breathing, blood in nose, ears, and airway; obvious femur fractures, and unstable symphysis on palpation; Initial GSC of eight now a GSC of three; systolic BP of 60; right pupil fixed and dilated; I-gel airway established, bilateral needle decompression with positive air release, assisted ventilations, fourteen gauge IV with normal saline.”

Transport Directly to Operation Suite

In certain circumstances ambulance personnel may be directed by the attending trauma surgeon to transport a major trauma patient on the ambulance stretcher directly to an operating suite. In such instances ambulance personnel are required to fully cooperate and follow the instructions of the trauma surgeon and trauma team.

Please direct any questions you may have regarding this memorandum to, Amanda Petroske, EMS Trauma Coordinator by email at apetroske@sjgov.org.