

	COUNTY OF SACRAMENTO EMERGENCY MEDICAL SERVICES AGENCY	Document #	5053.20
	<u>PROGRAM DOCUMENT:</u> Trauma Triage Criteria	Initial Date:	12/15/93
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 EMS Medical Director

 EMS Administrator

Purpose:

- A. To establish patient triage criteria and standards. This policy shall direct transportation of trauma patients to the closest, most appropriate level of trauma care.

Authority:

- A. California Health and Safety Code, Division 2.5
- B. California Code of Regulations, Title 22, Division 9

NOTES: Patients meeting anatomic or physiologic trauma triage criteria should be transported as soon as possible. On-scene procedures should be limited to triage, patient assessment, airway management, control of external hemorrhage, and ~~immobilization~~ spinal motions restrictions. Additional interventions should be completed enroute except for those incidents requiring prolonged extrication.

Cross Reference: PD# 5052 – Trauma Destination
 PD# 5050 – Destination

Protocol:

Assess Physiologic Trauma Criteria:
 Glasgow Coma Scale <14
 Unable to follow commands (motor GCS > 6)
 Respiratory rate <10 or >29 breaths per minute
 Respiratory distress or need for respiratory support
Note: "Respiratory support: Anything other than supplemental O₂"
 Sustained heart rate > 120 beats per minute
 Room-air pulse oximetry < 90
 Age 0-9: SBP < 70mm Hg + (2x age years)
 Age 10-64 years: SBP < 90 mmHG **OR** HR > SBP
 Age ≥ 65 years: SBP < 110 mmHg **OR** HR > SBP

Notify receiving hospital of "Trauma Alert" as soon as possible for patients meeting Trauma Triage Criteria

YES
 Transport to the closest appropriate trauma center considering special triage categories

NO
 Assess Anatomy of the Injury

SPECIAL CONSIDERATIONS WHEN TRIAGING CRITICAL TRAUMA

Any patient at the extremes of age (pediatric and adult) who has suffered an injury and/or where physical examination or assessment is difficult.

Anatomic Criteria

- All penetrating injuries to the head, neck, torso, and extremities proximal to the elbow and knees
- Skull deformity, suspected skull fracture
- Suspected Flail Chest, wall instability, or deformity
- Suspected fracture of Two or more proximal long-bone
- Crushed, de-gloved, mangled extremity proximal to wrist or ankle or pulseless extremity
- Amputation proximal to wrist or ankle
- Suspected pelvic fracture
- Paralysis-Suspected spinal injury with new motor or sensory loss
- Tourniquet needed to control extremity hemorrhage. Active bleeding requiring a tourniquet or wound packing with continuous pressure

Critical Trauma Patients who do not meet physiological criteria with the following conditions will be transported to UCDCMC:

- Traumatic amputations proximal to the wrist and/or the ankle
- Traumatic burns > 9% Total Body Surface Area
- Chemical or Electrical Burns
- Evidence of possible inhalation injury
- Any Burn to the face, hands, feet, genitalia, perineum or major joints

YES
 Transport to the closest appropriate trauma center considering special triage categories

NO
 Assess mechanism of injury and evidence of high-energy impact

Patients ≤ fourteen (14) years of age will be transported to UCDCMC if they meet any trauma triage condition with the following exceptions:

- Pediatric Critical Trauma patients with no effective established airway may be transported to the closest available facility.
- Regardless of age, Traumatic Cardiopulmonary Resuscitation patients shall be transported to the time closest designated trauma center.

Mechanism of Injury Criteria:

- Falls
 - Adults: > 20 feet (one story is equal to 10 feet)
 - Children: > 10 feet or two-times the height of the child
- High risk auto crash
 - Intrusion: >12 inches occupant site; > 18 inches any site (including roof)
 - NOTE:** Intrusion refers to interior compartment intrusion, as opposed to deformation which is exterior damage.
 - Ejection (partial or complete) from motorized vehicle or livestock
 - Death in same passenger compartment
 - Child (Age 0-9) unrestrained or in unsecured child safety seat
- Auto vs. pedestrian/bicyclist thrown, run over, or with significant (>20 mph) impact
- Motorcycle crash > 20 mph

Regardless of age, VAD patients who meet critical trauma criteria shall be taken to UC Davis Medical Center.

YES
 Transport to closest appropriate trauma center considering special triage categories.

NO
 Transport according to destination protocol #5050

Emergency Medical Service Provider Judgment:

Some patients not meeting clearly defined trauma triage criteria may still have a severity of injury warranting trauma center care. If the patient does not meet trauma center criteria but the Paramedic feels that trauma center care is still warranted, transport to a trauma center. (Document Reason)

Low level falls in young children (age ≤ 5 years) or older adults (age ≥ 65 years) with significant head impact

Possible examples of such patients include:

Patients taking anticoagulation medications, excluding aspirin, or a history of bleeding disorders.

A clear history of loss of consciousness.

Pregnancy > 20 weeks.