

COUNTY OF SACRAMENTO EMERGENCY MEDICAL SERVICES AGENCY

PROGRAM DOCUMENT:

Trauma	Triage	Criteria
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	Initial Date:	12/15/93
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FMC Madical Director	FMC Administrator

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

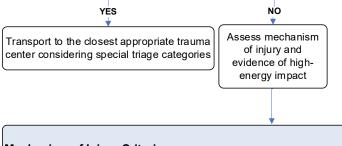
NOTES:

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. Additional interventions should be completed enroute except for those incidents requiring prolonged extrication.

Cross Reference: PD# 5052 – Trauma Destination

PD# 5050 - Destination

Protocol: Measure Vital Signs and Level of Consciousness Assess Physiologic Trauma Criteria: Glasgow Coma Scale <14 Systolic Blood Pressure <90 mmHa Respiratory rate <10 or >29 breaths per minute Heart rate > 120 beats per minute YES NO Transport to the closest appropriate trauma Assess Anatomy center considering special triage categories of the Injury Anatomic Criteria All penetrating injuries to the head, neck, torso, and extremities proximal to the elbow and knees Flail Chest Two or more proximal long-bone fractures Crushed, degloved, or mangled extremity proximal to wrist or ankle Amputation proximal to wrist or ankle Pelvic fractures Open or depressed skull injury Paralysis



Tourniquet needed to control extremity hemorrhage

Mechanism of Injury Criteria:

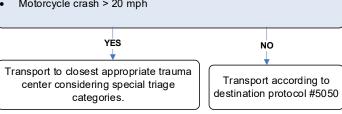
Falls

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 Ejection (partial or complete) from motorized vehicle or livestock Death in same passenger compartment

- Auto vs. pedestrian/bicyclist thrown, run over, or with significant (>20 mph) impact
- Motorcycle crash > 20 mph



SACRAMENTO COUNTY EMERGENCY **MEDICAL SERVICES** TRAUMA TRIAGE CRITERIA

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

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.

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

- 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

Patients ≤ fourteen (14) years of age will be transported to UCDMC 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.

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

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)

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.