

	COUNTY OF SACRAMENTO EMERGENCY MEDICAL SERVICES AGENCY	Document #	5053.20
	<u>PROGRAM DOCUMENT:</u> Trauma Triage Criteria	Initial Date:	12/15/93
		Last Approved Date:	06/09/22
		Effective Date:	05/01/23
		Review:	03/01/24

Signature on File

EMS Medical Director

Signature on File

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 spinal motion 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:
 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

YES

NO

Transport to the closest appropriate trauma center considering special triage categories

Assess Anatomy of the Injury

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, or pulseless extremity proximal to wrist or ankle, or pulseless extremity
- Amputation proximal to wrist or ankle
- Suspected pelvic fracture
- Suspected spinal injury with new motor or sensory loss
- Active bleeding requiring a tourniquet or wound packing with continuous pressure

YES

NO

Transport to the closest appropriate trauma center considering special triage categories

Assess mechanism of injury and evidence of high-energy impact

Mechanism of Injury Criteria:

- Falls
 Adults: > 10 feet (one story is equal to 10 feet)
 Children: > 10 feet
 Low level falls in young children (age ≤ 5 years) or older adults (age ≥ 65 years) with significant head impact
- 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

YES

NO

Transport to closest appropriate trauma center considering special triage categories.

Transport according to destination protocol #5050

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 excluding the VA per PD# 5050.
- 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.