

	COUNTY OF SACRAMENTO EMERGENCY MEDICAL SERVICES AGENCY	Document #	5053.16
	<u>PROGRAM DOCUMENT:</u> Trauma Triage Criteria	Draft Date:	12/15/93
		Effective:	11/01/15
		Revised:	12/08/15
		Review:	01/01/18

 EMS Medical Director

 EMS Administrator

Purpose:

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

Application:

These criteria apply to any assessment by prehospital care personnel at the scene.

Protocol:

See Trauma Triage Criteria Algorithm (Page 2)

Measure Vital Signs and Level of Consciousness

Assess Physiologic Trauma Criteria:
 Glasgow Coma Scale <14
 Systolic Blood Pressure <90 mmHg
 Respiratory rate <10 or >29 breaths per minute

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
- 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

YES

NO

Transport to the closest appropriate trauma center considering special triage categories

Assess mechanism of injury and evidence of high-energy impact

Patients meeting Mechanism of Injury Criteria shall have an injury or a complaint.

- 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
 - Estimated speed of motorized vehicle accident > 40 MPH
 - 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

YES

NO

Transport to closest appropriate trauma center considering special triage categories.

Transport according to destination protocol #5050

SACRAMENTO COUNTY EMERGENCY MEDICAL SERVICES 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 normally 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 less than **or equal to fourteen (14)** ~~fifteen (15)~~ 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.
- Traumatic Cardiopulmonary Resuscitation patients shall be transported to the time closest designated trauma 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.

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