

TRAUMA TRIAGE PROTOCOL

ADMINISTRATIVE 1.26

Measure vital signs and Glasgow Coma Score

- Assess airway
- Assist breathing
- Hemorrhage control
- Immobilize spine if indicated
- High flow oxygen (keep O₂ Sat > 90%)
- Determine level of injury: Assess for anatomic, physiologic or mechanistic criteria

- ANATOMIC CRITERIA**
- Penetrating injuries proximal to wrist or ankle
 - Open or depressed skull fracture
 - Facial injury with potential airway compromise
 - Obvious chest injury with flail chest or evident multiple rib fractures
 - Pelvic fractures (excludes isolated hip fractures from same level fall)
 - Amputations proximal to wrist or ankle
 - Mangled extremities
 - Extremity trauma with vascular deficit
 - Trauma with burns: Partial thickness > 10% TBSA and/or Full thickness > 5% TBSA
 - 2 or more proximal long bone fractures

- PHYSIOLOGIC CRITERIA**
- GCS < 14, or
 - Systolic BP < 100, or
 - Respiratory rate < 10 or > 29 (< 20 in infant < one year)
 - Neurologic deficit or paralysis

- MECHANISM CRITERIA**
- Falls
 - Adults: > 20 ft (one story is equal to 10 ft)
 - Children: > 10 ft or 2 times the height of the child
 - High-risk auto crash > 40 mph
 - Intrusion: > 12 inches into occupant compartment; > 18 inches of auto deformity
 - Ejection: from motorized mode of transport
 - Death in same passenger compartment
 - Extrication time > 20 min.
 - Rollover
 - Auto-pedestrian, auto-bicycle, or equestrian; thrown, run over, or with impact > 20 mph
 - Motorcycle crash > 20 mph
 - Hanging or near hanging
 - Multiple trauma with head injury and loss of consciousness

- CO-MORBID FACTORS**
- Assess co-morbid factors which may increase index of suspicion:
- Age < 14 or > 55
 - Anticoagulation and bleeding disorders
 - Pregnancy > 20 weeks

Patients meeting anatomic or physiologic criteria are transported to the Level One Trauma Center.

Trauma patients meeting mechanism-only criteria are to be transported to the closest trauma center. In non-urban areas, for trauma patients meeting mechanism-only criteria, consider transport to the closest trauma center.

1. In outlying areas with a transport time of greater than 30 minutes to the Level One Trauma Center, transport the patient to the closest facility or, consider air transport directly to the Level One Trauma Center.
2. Trauma arrest patients are transported directly to a trauma center. Patients in cardiac arrest (asystole) upon EMS arrival may not benefit from transport. Providers may contact the Level One Trauma Center for orders to withhold or withdrawal resuscitative efforts. In most circumstances these patients should not be transported by air ambulance. The potential benefit to the patient should outweigh the risk associated with air transport.
3. All trauma center transfers/transports require on-line communication/updates.
4. Upon verification of a multi-casualty incident involving trauma patients by a responding EMS agency, the Incident Commander shall be responsible for insuring that the Level One Trauma Center is contacted at the first available opportunity. The Level One Trauma Center is able to assist in determining patient distribution and communication with the receiving hospitals.

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