

If patient meets anatomic, physiologic, or mechanistic criteria, or if in doubt whether or not patient meets trauma criteria, contact the Level 1 Trauma Center for treatment and destination orders.

Assess anatomy of injury...

Evaluate for mechanism of injury and high-energy impact...

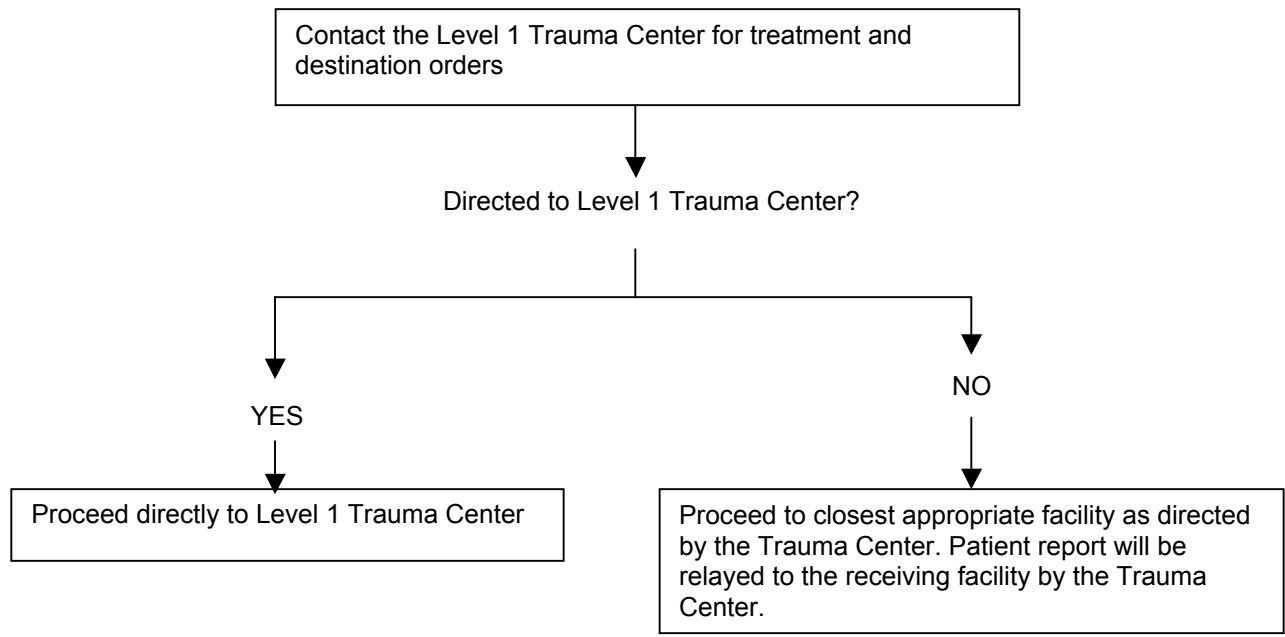
- ANATOMIC CRITERIA**
- Penetrating injuries to head, neck, torso, or extremities proximal to elbow or knee
 - Flail chest
 - 2 or more proximal long bone fractures
 - Crushed, degloved or mangled extremity
 - Amputation proximal to wrist or ankle
 - Pelvic fractures
 - Open or depressed skull fracture
 - Paralysis

- PHYSIOLOGIC CRITERIA**
- GCS < 14, or
 - Systolic BP < 90, or
 - Respiratory rate <10 or >29 (<20 in infant < one year)

- 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: (partial or complete) from automobile
 - Death in same passenger compartment
 - Extrication time > 20 min.
 - Rollover
 - Auto-pedestrian or auto-bicycle; thrown, run over, or with impact >5 mph
 - Motorcycle crash > 20 mph

Assess co-morbid factors which may increase index of suspicion...

- PRE-EXISTING CONDITIONS**
- Age <5 or >55
 - Anticoagulation and bleeding disorders
 - Burns
 - Without other trauma mechanism: Triage to burn facility
 - With trauma mechanism: Triage to trauma center
 - Time sensitive extremity injury
 - End-stage renal disease requiring dialysis
 - Pregnancy >20 weeks
 - Cardiac or respiratory disease, insulin dependent diabetes, cirrhosis, morbid obesity, immunosuppressed patient



1. If patient does not meet anatomic, physiologic, or mechanistic criteria, consider the patient to be a standard medical/EMS patient and follow the appropriate protocol or standing order.
2. If patient meets anatomic, physiologic, or mechanistic criteria, or if in doubt whether or not patient meets trauma criteria, initiate direct, on-line contact with the Level 1 Trauma Center for treatment and destination orders.
3. UNSTABLE AIRWAY: If appropriate airway measures are not successful in the field, transport to closest facility. Trauma arrest patients with secured airways are transported directly to the Trauma Center.
4. In outlying areas (> 30 min transport to Level 1 Trauma Center):

 Outside the Tucson metropolitan area, follow the above protocol if the patient is to be transported directly from the scene to a Tucson Level 1 Trauma Center. If this is not the case, contact and transport to the closest hospital for stabilization. In these circumstances, the receiving facility, provided it is a medical direction authority, will provide on-line medical direction. If the patient is not being transported directly to the Trauma Center, and the receiving facility is not a medical direction authority, the EMS crew will contact their administrative medical direction authority for treatment and destination orders.
5. Contact the Trauma Center for specific treatment advice if needed.

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