



INLAND COUNTIES EMERGENCY MEDICAL AGENCY POLICY AND PROTOCOL MANUAL

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TRAUMA TRIAGE CRITERIA

I. PURPOSE

To establish Trauma Triage Criteria that is consistent with the American College of Surgeons standards that will help identify trauma patients in the field, and based upon their injuries, direct their transport to an appropriate Trauma Center.

II. POLICY

A. Trauma Triage Criteria

Measure vitals and Level of Consciousness (LOC).

A patient shall be transported to the closest Trauma Center if any one (1) physiologic criteria is present following a traumatic event. Trauma base hospital contact shall be made.

1. Physiologic Indicators:

- **Glasgow Coma Scale (GCS)/**
 - Adult and Pediatric
 - GCS less than or equal to 13
- **Respiratory**
 - Adult and Pediatric
 - RR less than 10 or more than 29
 - (RR less than 20 for infant less than 1 year old) or need for ventilatory support
- **Hypotension**
 - Adult
 - BP less than 90 mm Hg
 - tachycardia
 - Pediatric
 - exhibits inadequate tissue perfusion
 - abnormal vital signs (according to age)

2. Anatomic Indicators:

- **Penetrating injuries to head, neck, torso and extremities proximal to the knee or elbow**
- **Blunt chest trauma resulting in chest wall instability or deformity (e.g., flail chest or ecchymosis)**
- **Two (2) or more proximal long bone fractures (femur, humerus)**

- **Crushed, degloved, mangled or pulseless extremity**
- **Amputation proximal to the wrist or ankle**
- **Pelvic fractures**
- **Open or depressed skull fracture**
- **Paralysis**

A patient shall be transported to the closest Trauma Center if any one (1) anatomic criteria is present following a traumatic event. Trauma base hospital contact shall be made.

If physiologic or anatomic criteria is not met, assess mechanism of injury and evidence of high-energy impact.

3. Mechanism of Injury:

- **Falls**
 - Adults: more than 20 feet (one story is equal to 10 feet)
 - Pediatric: more than 10 feet or two (2) to three (3) times the child's height
- **High-risk auto crash**
 - Intrusion, including roof: more than 12 inches occupant site
 - Ejection (partial or complete) from automobile
 - Death in the same passenger compartment
 - Vehicle telemetry data consistent with a high-risk injury
 - Child (0-9) unrestrained or in unsecured child safety seat
- **Auto versus pedestrian/bicyclist thrown, run over, or with significant (more than 20 mph) impact**
- **Motorcycle crash more than 20 mph**

If a patient has one or more of the following mechanisms of injury with any of the above physiologic or anatomic criteria transport to the closest TC.

If there are no associated physiologic or anatomic criteria meets one or more of the following mechanisms of injury, contact a Trauma base hospital for physician consultation to determine the patient destination. In some cases, a Trauma base hospital may direct a patient a non-trauma receiving hospital.

4. Age and Co-Morbid Factors:

Assess special patient or system considerations.

If the patient does not meet any of the above criteria, make Level I or Level II Trauma base hospital contact to determine the appropriate destination: for the following patients:

- **Older adults more than 65 years of age**
 - Risk of Injury/death increases after age 65.
 - Patient on anticoagulants and or bleeding disorders.
 - SBP less than 110 might represent shock after age 65.
 - Low impact mechanism (e.g., ground level falls might result in severe injury.
- **Children**
 - Pediatric patients (14 years and younger).
 - Suspicion of child abuse.
 - Triage children preferentially to pediatric capable Trauma Centers.
 - Pediatric patients will be transported to a Pediatric Trauma Center when there is less than a 20 minute difference in transport time to the Pediatric Trauma Center versus the closest Trauma Center.
- **Burns**
 - Without other trauma mechanism triage to closest receiving hospital or burn center.
 - With trauma mechanism, triage to Trauma Center. Make Trauma base hospital contact.
- **Pregnancy more than 20 weeks**
- **EMS Provider Judgement**

B. Radio Contact

- If not contacted at scene, the receiving Trauma base hospital must be notified as soon as possible in order to activate the trauma team.
- If the closest receiving Trauma Center is located outside the ICEMA region, and no orders or consult is needed, contact the Trauma Center that will be receiving the patient directly.
- Contact Trauma base hospital if a patient meets Trauma Triage Criteria but is refusing transport to a Trauma Center.
- In Inyo and Mono Counties, the assigned base hospital should be contacted for consultation and destination.

C. Hospital Trauma Diversion Status

Refer to ICEMA Reference #8050 - Request for Ambulance Redirection and Hospital Diversion (San Bernardino County Only).

D. Multiple Casualty Incident (MCI)

Refer to ICEMA Reference #8080 - Medical Response to a Multiple Casualty Incident.

III. REFERENCES

Number	Name
8050	Request for Ambulance Redirection and Hospital Diversion (San Bernardino County Only)
8080	Medical Response to a Multiple Casualty Incident
9010	Continuation of Care (San Bernardino County Only)
14250	Determination of Death on Scene