

# SIERRA-SACRAMENTO VALLEY EMS AGENCY ALS PRORGAM POLICY

REFERENCE NO. 860

**SUBJECT: TRAUMA TRIAGE CRITERIA**

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## **PURPOSE:**

To establish trauma patient, triage criteria and standards. This policy shall direct transportation of trauma patients to the closest, most appropriate level of trauma care.

## **AUTHORITY:**

California Health & Safety Code, Division 2.5; Chapter 6, Article 2.5, Section 1798.160 et seq.

California Code of Regulations, Title 22, Division 9.

## **PRINCIPLES:**

The trauma triage criteria indicate high-risk factors for serious traumatic injuries. Trauma patients meeting triage criteria should be transported as soon as possible, and time on scene should be limited. Procedures at the scene should be limited to triage, patient assessment, airway management, control of external hemorrhage and appropriate immobilization. Additional ALS interventions should be completed en route with the exception of those incidents requiring prolonged extrication.

## **TRAUMA CENTER LEVELS**

**Level I and II:** Level I and II trauma centers have similar personnel, services, and resource requirements with the greatest difference being that Level Is are research and teaching facilities.

**Level I and II Pediatric:** Level I and II Pediatric Trauma Centers focus specifically on pediatric trauma patients. Level Is require some additional pediatric specialties and are research and teaching facilities.

**Level III and IV:** Level III and IV trauma centers generally provide initial stabilization of trauma patients with the greatest difference being surgical capabilities at the Level III facilities.

Level III trauma centers in the S-SV region, when contacted from the field for a destination decision on a trauma patient, will determine the most appropriate destination based on the patients injuries, transport time, and resources currently available at the Level III center.

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**Effective Date: 01/01/08**

**Date last Reviewed / Revised: 09/07**

**Next Review Date: 09/10**

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**Approved:**

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**S-SV AUTHORIZED TRAUMA CENTERS:**

S-SV authorized trauma catchment areas are based upon a forty-five (45) minute ground transport to the time-closest, designated Level I or Level II trauma center.

1. The designated trauma centers for the S-SV region are:
  - a. **University of California Davis Medical Center (UCDMC) – LEVEL I**
  - b. **Sutter Roseville Medical Center (SRMC) – LEVEL II**
  - c. **Mercy San Juan Medical Center (MSJMC) – LEVEL II**
  - d. **Rideout Memorial Hospital (RMH) – LEVEL III**

**TRAUMA REGISTRY:**

- All hospitals receiving patients from the S-SV EMS Region that meet trauma registry inclusion/trauma triage criteria, shall supply data to the S-SV Trauma Registry.

**I. FIELD TRIAGE CRITERIA:**

1. **Physiologic Criteria:**
  - a. Respiratory Rate < 10 or > 29.
  - b. Glasgow Coma Score < 14.
  - c. Systolic Blood Pressure < 90.
  - d. Pediatric Trauma Score < 9.
2. **Anatomic Criteria:**
  - a. All penetrating injuries to the head, neck, chest, torso, and extremities proximal to the elbow and knee.
  - b. Chest injuries resulting in an unstable chest wall (flail chest).
  - c. Combination trauma with burns.
  - d. Two or more proximal long-bone fractures.
  - e. Injuries resulting in paralysis.
  - f. Pelvic fractures.
  - g. Patients with an amputation or near amputation, proximal to wrist and ankle.

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3. **Mechanism of Injury Criteria:**

Evaluate for evidence of mechanism of injury and high-energy impact such as:

- a. Ejections from a motorized vehicle.
- b. Death in the same passenger compartment.
- c. Vehicular crashes requiring extrication time of > 20 minutes.
- d. Falls that appear to be > 20 feet.
- e. Vehicle rollovers.
- f. High-speed vehicular crashes with initial speed > 40 mph, major auto deformity > 20 inches, or intrusion into passenger compartment > 12 inches.
- g. Auto-pedestrian/auto-bicycle injuries with significant (> 5 mph) impact.
- h. Pedestrians thrown or run over by a vehicle.
- i. Motorcycle crash > 20 mph or with separation of a rider from the bike.

**See pages 4 and 5 for Trauma Triage Algorithm and Charts**