


Sierra – Sacramento Valley EMS Agency Program Policy

Trauma Triage Criteria

	Effective: 12/01/2016	Next Review: 07/2019	860
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PURPOSE:

To identify individuals who are at greatest risk for severe injury and determine the most appropriate facility to transport patients with different injury types and severities.

AUTHORITY:

- A. California Health and Safety Code, Division 2.5; Chapter 6, Article 2.5, § 1798.160.
- B. California Code of Regulations, Title 22, Division 9, Chapter 7.
- C. Centers for Disease Control and Prevention 'Morbidity and Mortality Weekly Report' (MMWR), Recommendations and Reports, January 13, 2012/Vol. 61/No. RR-01, 'Guidelines for Field Triage of Injured Patients, Recommendation of the National Expert Panel on Field Triage, 2011'.

PRINCIPLES:

Patients meeting trauma triage criteria should be transported as soon as possible. On scene procedures should be limited to triage, patient assessment, airway management, control of external hemorrhage, and immobilization. Additional interventions should be completed enroute with the exception of those incidents requiring prolonged extrication.

TRAUMA CENTER LEVELS:

- A. **Level I:** A Level I Trauma Center has the greatest amount of resources and personnel for care of the injured patient. Typically, it is also a tertiary medical care facility that provides leadership in patient care, education and research for trauma, including prevention programs.
- B. **Level II:** A Level II Trauma Center offers similar resources as a Level I facility, differing only by the lack of research activities for a Level I designation.
- C. **Level I and II Pediatric:** Level I and II Pediatric Trauma Centers focus specifically on pediatric trauma patients. Level I Pediatric Trauma Centers require some additional pediatric specialties and are research and teaching facilities.

- D. **Level III:** A Level III Trauma Center is capable of assessment, resuscitation and emergency surgery, if warranted. Injured patients are stabilized before transfer, if indicated, to a facility with a higher level of care according to pre-existing arrangements.
- E. **Level IV:** A Level IV Trauma center is capable of providing 24-hour physician coverage, resuscitation and stabilization to injured patients before they are transferred, if indicated.

TRAUMA TRIAGE CRITERIA:**A. Physiologic Trauma Triage Criteria (one or more of the following):**

1. Respiratory rate < 10 or > 29 breaths per minute (< 20 in infants < 1 year of age), or need for ventilatory support.
2. Glasgow Coma Score (GCS) ≤ 13 .
3. Systolic Blood Pressure < 90 .

B. Anatomic Trauma Triage Criteria (one or more of the following):

1. All penetrating injuries to the head, neck, chest, torso, and extremities proximal to the elbow or knee.
2. Chest wall instability or deformity (e.g. flail chest).
3. Two or more proximal long-bone fractures.
4. Paralysis.
5. Pelvic fractures.
6. Amputation proximal to wrist or ankle.
7. Crushed, degloved, mangled, or pulseless extremity.
8. Open or depressed skull fracture.

C. Mechanism of Injury Trauma Triage Criteria (one or more of the following):

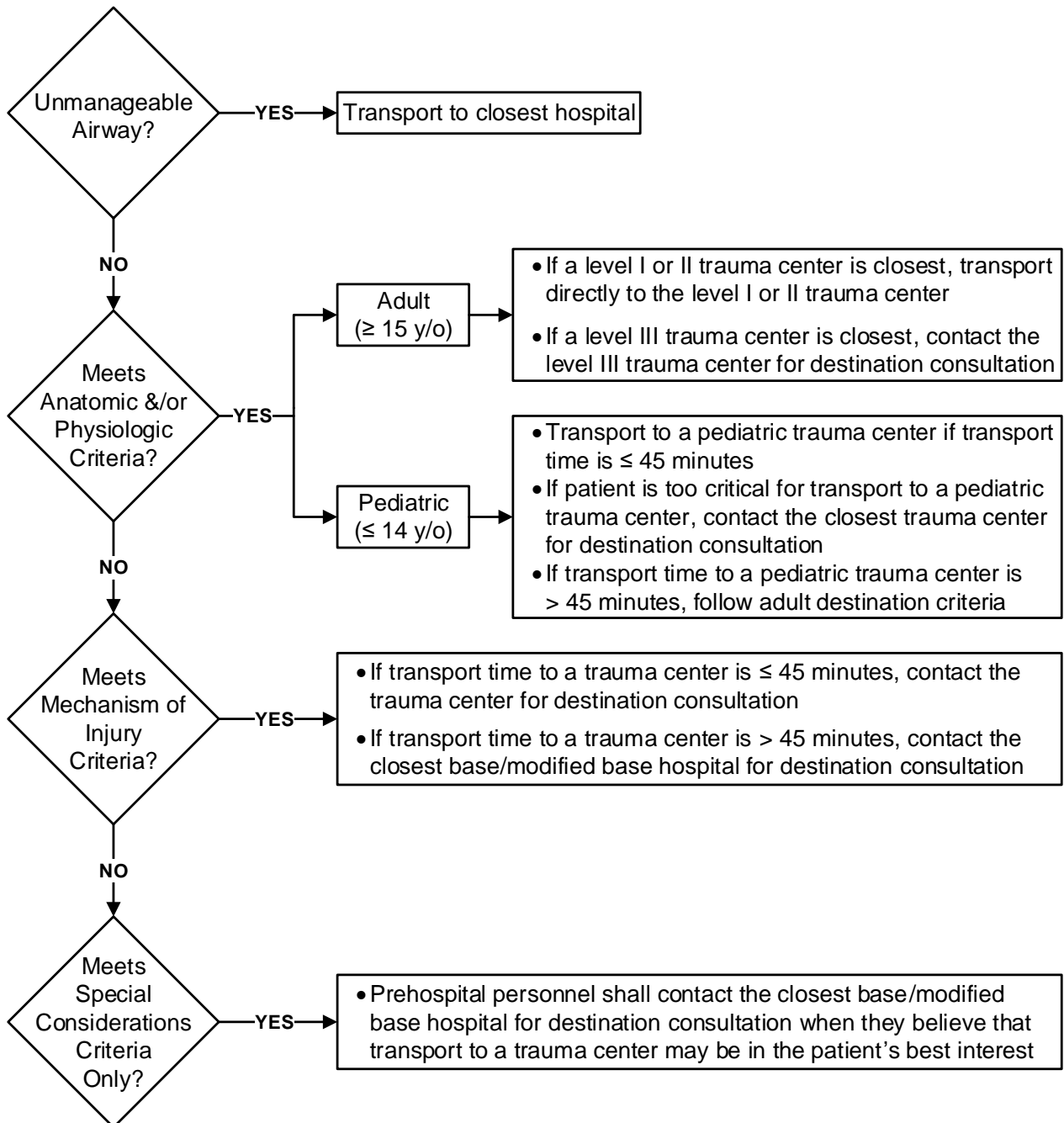
1. High-risk auto crash (one or more of the following):
 - Ejections (partial or complete) from automobile.

- Death in the same passenger compartment.
 - Intrusion, including roof: > 12 inches at occupant site or > 18 inches at any site
2. Non-Automotive crash > 20 mph including, but not limited to: motorcycle, ATV, go-cart, bicycle, skateboard, watercraft and aircraft.
 3. Auto vs Pedestrian/Bicycle: thrown, run over, or with significant (> 20 mph) impact.
 4. Adults who fall > 20 feet.
 5. Children who fall > 10 feet or three (3) times their height.
 6. Other high energy impact.

D. Special Considerations Trauma Triage Criteria (any of the following):

1. Adults \geq 65 years of age:
 - Low impact mechanism (e.g. ground level falls) might result in severe injury.
 - SBP < 110 might represent shock.
2. Current patient use of anticoagulation or antiplatelet medication, or history of bleeding disorder.
3. Pregnancy > 20 weeks.

Trauma Patient Destination



Prehospital personnel shall notify the receiving trauma center of the patient's pending arrival as soon as possible

TRAUMA REGISTRY:

All hospitals receiving trauma patients from the S-SV EMS region shall provide data to the S-SV EMS Trauma Registry.

GLASGOW COMA SCALE (GCS):

Adult GCS			
Points	Eye Opening Response	Verbal Response	Motor Response
6			Obeys Commands
5		Oriented & converses	Localizes pain
4	Opens spontaneously	Disoriented & converses	Flexion withdrawal
3	Opens to verbal stimuli	Inappropriate words	Flexion abnormal (decorticate)
2	Opens to painful stimuli	Incomprehensible sounds	Extension (decerebrate)
1	No response	No response	No response

Pediatric GCS			
Points	Eye Opening Response	Verbal Response	Motor Response
6			Normal spontaneous movement
5		Cries appropriate/coos/babbles	Withdraws to touch
4	Opens spontaneously	Irritable cry	Withdraws to pain
3	Opens to verbal stimuli	Inappropriate crying/screaming	Flexion abnormal (decorticate)
2	Opens to painful stimuli	Grunts	Extension (decerebrate)
1	No response	No response	No response

CROSS REFERENCES:

- A. Patient Destination (505).
- B. Hospital Capabilities (505-A).
- C. Multiple Casualty Incidents (837).