



TRAUMA TRIAGE GUIDELINES



I. AUTHORITY:

Health & Safety Code, Division 2.5, Sections 1798, 1798.161, California Code of Regulations, Title 22, Division 9, Sections 100255 and 100259.

II. APPLICATION:

These triage criteria describe which patients should be transported to a Paramedic Trauma Receiving Center (PTRC). Utilization of the triage criteria will determine the level of trauma activation at the receiving Trauma Center. However the receiving Trauma Center Surgeon retains the right to increase or lessen the trauma team response after initial evaluation and/or treatment. The final designation of any trauma patient is subject to base hospital physician determination when base contact is made.

III. POLICY:

Trauma patients must be transported from the scene as quickly as possible to assure optimal trauma care. Two general classes of trauma victims are recognized:

1. CRITICAL TRAUMA VICTIMS (CTV): Those with obvious, immediate need for PTRC level care.
2. MODERATE TRAUMA VICTIMS (MTV): Those less injured patients potentially needing PTRC level care.
 - MTVs age 60 or older will be transported to a PTRC.
 - A trauma patient initially designated as an MTV should have frequent vital sign checks and may be re-designated as a CTV if the vital signs indicate a deterioration of the patient's condition.

CRITICAL TRAUMA VICTIM (CTV):

A victim of blunt or penetrating trauma with abnormal vital signs as noted below, or any of the following mechanisms of injury, or any of the following physical findings:

Abnormal Vital Signs:

- RESP < 12 OR >30, or
- PULSE <50 OR >130, or
- SYSTOLIC BP < 90 FOR AN ADULT
- SYSTOLIC BP < 70 FOR A CHILD (AGE ≤ 12 YEARS)

Injuries:

- Penetrating or open injury of the skull
- Penetrating injury to the neck, chest, abdomen, back, or groin
- Blunt or closed head injury associated with any of the following:
 - GCS < 12 (sustained)
 - Unequal pupils
 - Focal neurological deficit (e.g., weakness of one or more extremities)
- Spinal cord injury (suspected) with paralysis or paresthesia
- Flail chest
- Bilateral femur fractures
- Unstable pelvic fractures

Approved:



MODERATE TRAUMA VICTIM (MTV):

Any one of the following physical findings or mechanisms associated with injury are meant as guidelines for possible PTRC designation for trauma victims under age 60 years (trauma victims 60 years or older meeting any of the following criteria will be transported to the nearest assessable PTRC):

Physical Findings:

- Diffuse abdominal tenderness
- Blunt head injury associated with loss of consciousness > 5 minutes
- Bleeding disorder, anticoagulant or antiplatelet medication use (e.g., Coumadin use, hemophilia)
 - Notify Base Hospital if trauma victim taking aspirin, Coumadin, Plavix®, Lovenox®, or states they are on "blood thinners"
- Pregnancy (Gestation >20 weeks, except for traumatic full arrest)
- Suspected spinal injury with sensory deficit or weakness
- Pediatric patients that meet any other MTV criteria
- Paramedic judgment/scene factors

Mechanism:

- Ejection from the vehicle
- Pedestrian hit at > 20 mph or thrown >15 feet
- Falls >15 feet
- Motor vehicle crash at >40 mph
- Motorcycle, ATV, or bicycle crash >20 mph
- Extrication time >20 minutes with associated injuries

Note: speeds and distances are best estimates

IV. DESTINATION DECISIONS:

- The final destination for a trauma patient is subject to Base Hospital determination.
- Patients meeting CTV criteria should be triaged to the closest PTRC.
- Patients under age 60 years-old meeting MTV criteria may be triaged to either a PTRC or a PRC, at the discretion of the BH physician.
- Patients burned as a result of blunt force trauma (e.g., explosions) meeting trauma criteria should be triaged to the closest PTRC.

V. SPECIAL CIRCUMSTANCES:

At the discretion of the BH physician, patients who present with any of the following:

- Unmanageable airway: Triage to closest PRC
- Cardiopulmonary arrest from blunt trauma injuries: May be triaged to closest PRC
- Cardiopulmonary arrest from penetrating torso injuries: Triage to PTRC
- Pregnant patient >28 weeks gestation in traumatic full arrest: Triage to closest PRC

VI. ANTICOAGULANT THERAPY:

Notify Base Hospital if trauma victim is taking aspirin, Coumadin, Plavix®, Lovenox®, or states they are taking a "blood thinner".

Approved: