



TRAUMA TRIAGE

I. AUTHORITY:

*Health & Safety Code, Division 2.5, Sections 1797.258, 1798, 1798.160-1798.169, and 1798.2;
California Code of Regulations, Title 22, Division 9, Chapter 7.*

II. POLICY:

This policy identifies the types of injuries and situations that require transport of trauma victims to an Orange County EMS (OCEMS) designated Trauma Center (TC).

Base hospital contact is required for all patients described in this policy. Trauma victim destination is determined by the Base Hospital.

III. DEFINITION OF A TRAUMA VICTIM (MEETS TRAUMA CRITERIA):

A PERSON SUSTAINING BLUNT OR PENETRATING INJURY WITH THE PRESENCE OF ANY OF THE FOLLOWING IS CONSIDERED TO MEET TRAUMA TRIAGE CRITERIA

A. Abnormal Vital Signs:

- Unable to follow commands with an acute decrease in usual mental status (motor GCS < 6)
- RESPIRATION:
 - RR < 10 or > 29 breaths/minute or
 - Respiratory distress or need for respiratory support or
 - Room-air pulse oximetry < 90%
- SYSTOLIC BLOOD PRESSURE:
 - Age 0-9 years: Systolic BP < 70 mmHg + (2 X age in years)
 - Age 10-64 years: SBP < 90 mmHg
 - Age ≥ 65 years: SBP < 110 mmHg
- HEART RATE
 - For age ≥ 10 years: Heart rate > systolic blood pressure

B. Injuries:

- Penetrating or open injury of the head
- Depressed skull fracture
- Blunt or penetrating head injury with observed loss of consciousness, focal neurologic deficit, asymmetric pupils, or vomiting
- Penetrating (appears to penetrate all skin layers) injury to the neck, chest, abdomen, back, or groin
- Penetrating (appears to penetrate all skin layers) injury to extremity above elbow or knee
- Extremity injury with poor circulation or without a pulse
- Suspected spinal injury with new motor or sensory loss
- Blunt chest injury with abnormal respiration as defined above
- Seat belt bruising or abrasion of neck, chest, or abdomen
- Blunt abdominal/flank injury with palpable tenderness
- Fracture of two or more long bones (femur, humerus)
- Pelvic rim pain or deformity on palpation
- Amputation (partial or complete) above the wrist or ankle
- Crushed, degloved, or mangled extremity (excluding only fingers or toes)
- Reported or obviously pregnant woman with blunt or penetrating abdominal injury



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- Active bleeding requiring a tourniquet or wound packing with continuous pressure
- Blunt head injury with bruising in area of injury and known to be taking anticoagulants or platelet inhibitors (blood thinners) excluding aspirin or having hemophilia or to be a dialysis patient

C. Mechanism of Injury

- Falls
 - Adult/Adolescent: Greater than 10 feet (one story is equal to 10 feet)²
 - Children¹: Greater than 10 feet or 2-3 times the height of the child²
 - Adult/Adolescent/Child: Fall from a galloping horse
- High-Risk Auto Crash
 - Passenger space intrusion greater than 12 inches where an occupant (who would be defined as a trauma victim) is sitting or any occupant in a passenger seat when there is greater than 18 inches intrusion at any site within the passenger space.²
 - Ejection (partial or complete) from automobile.
 - Passenger requiring extrication.
 - Passenger age 0-9 who is unrestrained or improperly restrained or not in a secured child safety seat.
 - Person who is in same passenger compartment in which a trauma death has occurred.
- Dive and shore break injuries with suspected spinal cord injury.
- Hanging.
- Auto vs. Pedestrian / Bicyclist who is thrown any distance, run over, or with significant (greater than 20 mph²) impact.
- Unenclosed motorized vehicle crash (motorcycle, bike, scooter, etc) greater than 20 mph², including "laying bike down"

Note #1: A child is defined as less than age 15 years old.

Note #2: Heights, speeds, and distances are best estimates

D. EMS provider judgment that transport to a Trauma Center is appropriate.

If in EMS provider (paramedic or EMT) judgment at the scene, an injury victim will benefit by transport to a Trauma Center, contact Base Hospital for destination.

IV. TRAUMATIC RESPIRATORY AND CARDIOPULMONARY ARREST:

At the discretion of the BH physician, trauma patients presenting with any of the following and for whom resuscitation and transport is pursued should be triaged as follows:

- Unmanageable airway Triage to a Trauma Center
- Traumatic cardiopulmonary arrest Triage to a Trauma Center



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