



# Trauma Field Triage

## PURPOSE

To rapidly get trauma victims to definitive care.

## PROCEDURE

A trauma patient who meets any of the following criteria shall be transported to the **closest appropriate** trauma center within a 30-minute ground transport time. Trauma victims who are not within 30 minutes ground transport radius to a trauma center should be transported to the closest hospital unless they can be delivered to a trauma center more rapidly by helicopter EMS (HEMS).

### Physiologic Criteria

- Glasgow Coma Scale of less than 14, or
- Systolic blood pressure of less than 90 mmHg, or
- Respiratory rate of less than 10 or greater than 29 breaths per minute (less than 20 breaths per minute in infants less than 1 year old)

### Anatomic Criteria

- Penetrating injury to head, neck, torso or extremities proximal to elbow and knee
- Flail chest
- Two or more proximal long-bone fractures
- Crushed, degloved, or mangled extremity
- Amputation proximal to wrist and ankle
- Pelvic fracture
- Open or depressed skull fracture
- Paralysis

### Mechanism of Injury

- **Falls**
  - Adults – greater than 20 feet
  - Children less than 15 years old – greater than 10 feet, or two to three times child's height
- **High-risk auto crash**
  - Intrusion – more than 12 inches into occupant site or more than 18 inches into any site
  - Ejection (partial or complete) from automobile
  - Death in same passenger compartment
  - Vehicle telemetry data consistent with high risk of injury
- **Auto versus pedestrian/bicyclists** - thrown, run over, or with significant impact (greater than 20 mph)
- **Motorcycle crash** at speed greater than 20 mph

### Special Considerations

The following situations should increase your index of suspicion for injury:

- **Burns** (with or without other trauma) – absent other trauma, burns that meet burn center criteria should be transported to a burn center
- **Pregnancy** – injured women who are more than 20 weeks pregnant should be considered for transport to trauma center or a hospital with obstetrical resources



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- **Age** – greater than 55 years
- **Anticoagulation and bleeding disorders** – EMS should contact medical control and consider transport to a trauma center.
- **End-Stage Renal Disease** – Patients with end-stage renal disease requiring dialysis
- **Time-sensitive extremity injury** – open fracture(s) or fracture(s) with neurovascular compromise
- **EMS provider judgement** – EMS providers have the experience and expertise to make judgments regarding atypical patient presentation

## Procedure:

Agencies operating *within a 30-minute ground transport radius* of a trauma center (e.g. Riverside Regional Medical Center, Sentara Norfolk General Hospital, Mary Washington Hospital, and Virginia Commonwealth University Medical Center)

1. Provide appropriate care and initiate immediate transport (scene time less than 10 minutes) towards trauma center.
2. Establish early radio contact to alert trauma center staff.
3. Transport immediately, otherwise document the reason for the delay.

Agencies operating *outside a 30-minute ground transport time* to a trauma center:

1. Field transports of trauma patients by helicopter (HEMS) should be considered:
  - a. if patient meets the clinical triage criteria for transport and should be transported to a Level I or Level II trauma center
  - b. if patient requires a level of care greater than can be expected from the local ground provider **AND** HEMS can be on scene in a time shorter than the ground unit can transport to the closest hospital
2. Technicians can request HEMS transport without authorization by medical control.
3. If HEMS is delayed or unavailable, transport patients meeting trauma center criteria to the closest hospital keeping in mind the on-scene time should be 10 minutes or less.
4. Establish early contact with the destination hospital. A facility may divert patients to a trauma center en route or expedite transfer after arrival.
5. For patients that meet mechanism of injury criteria, but **do not** meet anatomic and physiologic criteria, the technician should **contact medical control** to determine the destination hospital

## PEARLS

- Transport all patients with unmanageable airway problems to the **closest** hospital emergency department
- **Traumatic cardiac arrest with any electrical cardiac activity** – transport to designated trauma center if transport time is less than 10 minutes difference from the closest hospital.
- Consider transport to a Level I trauma center for **pediatric patients, patients with critical burns, and patients with amputations** (e.g. Sentara Norfolk General or VCU Medical Center). Both Level I trauma centers within the PEMS catchment have access to pediatric-capable trauma centers.
- Pregnant (greater than 20 weeks) patients that do not meet trauma criteria should be transported to the closest hospital with obstetrical resources.
- Consider contacting medical control to address concerns about patient care, appropriate receiving facility, or air transport decisions.
- See *Helicopter EMS* (Administrative Policies).