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 trauma victim is someone who has a blunt or penetrating injury with the presence of any of the following: 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:

- Glasgow Coma Score (GCS) less than 14 (in the presence of head injury)
  Failure to follow commands due to decreased state of alertness
- RESPIRATION:
  Adult/Adolescent/ Children\(^1\): less than 12 per minute OR greater than 30 per minute
- SYSTOLIC BLOOD PRESSURE:
  Adult/Adolescent: less than 90
  Children\(^1\): less than 80

Note #1: A child is defined as those ages 14 years-old and younger (less than age 15 years-old).

B. Injuries:

- Penetrating or open injury of the head
- Depressed skull fracture
- Blunt or penetrating head injury with observed loss of consciousness greater than 5 minutes, 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
- Paralysis or numbness paresthesia of arm or leg due to injury
- Suspicion of spinal cord injury
- Flail chest Blunt chest injury with abnormal respiration as defined above
- Seat belt bruising or abrasion of neck, chest or abdomen
- Blunt abdominal injury with palpable tenderness of 2 or more quadrants
- 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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- Blunt head injury with bruising in area of injury and known to be taking anticoagulants or platelet inhibitors ("blood thinners") excluding aspirin or to have hemophilia or be a dialysis patient

C. Mechanism of Injury

- Falls
  - Adult/Adolescent: Greater than 15 feet (one story is equal to 10 feet)^2
  - Children: Greater than 10 feet or 2-3 times the height of the child^2
  - 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.
  - Person who is in same passenger compartment in which a trauma death has occurred.

- Dive and shore break injuries with suspected spinal cord injury

- Auto vs. Pedestrian / Bicyclist who is thrown any distance, run-over, or with significant (greater than 20 mph^2) impact

- Motorcycle Crash greater than 20 mph^2, including "laying bike down"

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. SPECIAL CONSIDERATIONS:

Patients with significant injury and any of the following may benefit from specialized trauma services; contact Base Hospital for destination decision regarding those with injury and:

- Age 75 years old or greater
- Anticoagulation^3 and bleeding disorders
- End-stage renal disease on dialysis
- Pregnancy greater than 20 weeks
- EMS provider judgment that transport to a TC will benefit the injury victim

Note #3. Patient is on or states is taking a "blood thinner" or "anticoagulant" excluding aspirin

V. DESTINATION DECISIONS:

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

IV. TRAUMATIC RESPIRATORY AND CARDIOPULMONARY ARREST:

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

- Unmanageable airway Triage to PTRC a Trauma Center
- Traumatic cardiopulmonary arrest Triage to PTRC a Trauma Center
Approved:

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