

# 8.17 Trauma Triage and Transport Decision

## Measure Vital Signs and Level of Consciousness

Glasgow Coma Scale  $\leq 13$   
 Systolic Blood Pressure  $< 90$  mmHg or signs of shock  
 Respiratory Rate  $< 10$  or  $> 29$  breaths per minute or need for ventilatory support ( $< 20$  in infants aged  $< 1$  year)

- YES →
- If feasible, transport directly to a Level 1 or 2 Trauma Center by ground or air and notify receiving hospital of a "Trauma Alert".
  - If above is not feasible, notify closest appropriate hospital of a "Trauma Alert", as soon as possible.
  - For a child  $< 15$  years of age, direct transport to a Level 1 or 2 Pediatric Trauma Center is desired.

NO

## Assess Anatomy of Injury

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

- YES →
- If feasible, transport directly to a Level 1 or 2 Trauma Center by ground or air and notify receiving hospital of a "Trauma Alert".
  - If above is not feasible, notify closest appropriate hospital of a "Trauma Alert", as soon as possible.
  - For a child  $< 15$  years of age, direct transport to a Level 1 or 2 Pediatric Trauma Center is desired.

NO

## Assess Mechanism of Injury and Evidence of High-Energy impact

- Falls
  - Adult:  $> 20$  feet (1 story is equal to 10 feet)
  - Pediatric:  $> 10$  feet or 2 to 3 times the height of the child.
- High-risk auto crash
  - Intrusion, including roof:  $> 12$  inches occupant side;  $> 18$  inches any side
  - Ejection (partial or complete) from automobile
  - Death in same passenger compartment
- Auto vs. pedestrian/bicyclist: thrown, run over, or with significant ( $> 20$  mph) impact
- Motorcycle crash  $> 20$  mph

- YES →
- Transport to the closest appropriate facility.
  - Provide early patient notification
  - Consider "Trauma Alert".

NO

## Assess Special Patient or System Considerations

- Older Adults
  - Risk of injury/death increases after age 55 years
  - SBP  $< 110$  may represent shock after age 65
  - Low impact mechanisms (e.g. ground level falls) may result in severe injury
- Pediatric
  - Should be triaged preferentially to pediatric capable trauma centers
- Anticoagulants and bleeding disorders
  - Patients with head injury are at high risk for rapid deterioration
- Burns
  - Without other trauma mechanism: triage to burn facility
  - With trauma mechanism: triage to trauma center
- Pregnancy  $> 20$  weeks
- EMS Provider judgment

- YES →
- Transport to the closest appropriate facility.
  - Provide early patient notification including presence of high risk factors.

NO

Transport to closest hospital

The threshold for entering children into the trauma system may be lower than the same criteria for adults. In addition prehospital providers must be aware that an assigned adult trauma hospital may have a different level of trauma care assignment for pediatric trauma. The use of air medical transport to take a patient directly to a Level I pediatric trauma hospital may be warranted

Reference: CDC 2011 Guidelines for Field Triage of Injured Patients and NH Trauma Plan