

OUT OF HOSPITAL TRAUMA TRIAGE DESTINATION DECISION PROTOCOL-ADULT

The following criteria shall be utilized to assist the EMS provider in the identification of time critical injuries, method of transport and trauma care facility resources necessary for treatment of those injuries

Step 1 - Assess for Time Critical Injuries: Level of Consciousness & Vital Signs

Glasgow Coma Score ≤ 13
Respiratory rate <10 or >29 breaths per minute, or need for ventilatory support.
Systolic B/P (mmHg) less than <90 mmHg

If ground transport time to a Resource (Level I) or Regional (Level II) Trauma Care Facility is less than 30 minutes, transport to the nearest Resource (Level I) or Regional (Level II) Trauma Care Facility. If greater than 30 minutes, ground transport time to Resource (Level I) or Regional (Level II) Trauma Care Facility, transport to the nearest appropriate Trauma Care Facility. If time can be saved or level of care needs exist, tier with ground or air ALS service program

If step 1 does not apply, move on to step 2

Step 2 - Assess for Anatomy of an Injury

All penetrating injuries to head, neck, torso and extremities proximal to elbow or knee
Chest wall instability or deformity (e.g., flail chest)
Suspected two or more proximal long-bone fractures
Crushed, degloved, mangled, or pulseless extremity
Amputation proximal to wrist or ankle
Partial or full thickness burns $> 10\%$ TBSA or involving face/airway

Suspected pelvic fractures
Open or depressed skull fracture
Paralysis or Parasthesia

If ground transport time to a Resource (Level I) or Regional (Level II) Trauma Care Facility is less than 30 minutes, transport to the nearest Resource (Level I) or Regional (Level II) Trauma Care Facility. If greater than 30 minutes ground transport time to Resource (Level I) or Regional (Level II) Trauma Care Facility, transport to the nearest appropriate Trauma Care Facility. If time can be saved or level of care needs exist, tier with ground or air ALS service program

If step 2 does not apply, move on to step 3

Step 3 - Consider Mechanism of Injury & High Energy Transfer

Falls
—Adult: > 20 ft. (one story is equal to 10 feet)
High-risk auto crash
— Interior compartment intrusion, including roof:
 >12 inches occupant site; >18 inches any site
— Ejection (partial or complete) from automobile
— Death in same passenger compartment
— Vehicle telemetry data consistent with high risk of injury

Auto vs. pedestrian/bicyclist thrown, run over, or with significant (>20 mph) impact
Motorcycle crash >20 mph

Transport to the nearest appropriate Trauma Care Facility, need not be the highest level trauma care facility.

If step 3 does not apply, move on to step 4

Step 4 - Consider risk factors:

Older adults
— Risk of injury/death increases after age 55 years
— SBP <110 might represent shock after age 65 years
— Low impact mechanisms (e.g. ground level falls) might result in severe injury

Pregnancy > 20 weeks
EMS provider judgment
ETOH/Drug use

Anticoagulants and bleeding disorders
— Patients with head injury are at high risk for rapid deterioration

Transport to the nearest appropriate Trauma Care Facility, need not be the highest level trauma care facility.

If none of the criteria in the above 4 steps are met, follow local protocol for patient disposition. When in doubt, transport to nearest trauma care facility for evaluation.

For all Transported Trauma Patients:

- 1. Patient report to include: MOI, Injuries, Vital Signs & GCS, Treatment, Age, Gender and ETA**
- 2. Obtain further orders from medical control as needed.**