Missouri Pediatric Trauma Field Triage and Transport Protocol

Step One

Step One: Assess life threatening conditions
Serious Airway or Respiratory Compromise or Impending Arrest or immediate life threatening condition that cannot be managed in the field

Yes → *Transport to **the closest trauma center or hospital emergency department capable of managing** condition*

No ↓

Step Two and Step Three

Step Two: Assess Level of Consciousness and Vital Signs

- GCS< 14
- Systolic Blood Pressure < 90
- Respiratory Rate <10 or >29 (<20 in infant aged < one year)
- Heart Rate > 120 **AND/OR Clinical Signs of Shock**

Yes → *Transport to pediatric trauma center or pediatric capable trauma center according to local and regional process. Process shall take into consideration time for transport, patient condition, and treatment window, with the goal to secure the appropriate treatment for the patient as expeditiously as possible via ground and/or air; <u>if > 30 min transport, consider transport to level ? if significantly closer;</u> plan for bi-state regions accounts for out-of-state transport when appropriate.*

No ↓

Step Three: Assess Anatomy of Injury

- All penetrating injuries to head, neck, torso, *boxer short and T-shirt* coverage areas
- Airway compromise or obstruction, flail chest, hemo- or pneumothorax, patients intubated on scene, maxilla-facial or upper airway injury
- Two or more proximal long-bone fractures, open or closed; two or more extremity fractures
- *Extremity trauma with loss of distal pulses*
- Amputation proximal to wrist and ankle (follow replant protocol and local and regional plan)
- Pelvic fractures
- Open or depressed skull fractures
- Paralysis or signs of spinal cord or cranial nerve injury
- Active or uncontrolled hemorrhage
- *ISOLATED BURNS 2nd/3rd degree >10% BSA ages <10 and or >20% BSA any age or any signs of inhalation injury: follow burn protocol and local and regional plan; ALL BURNS WITH ASSOCIATED TRAUMA: transport by trauma field triage protocol according to injury presentation*
- Medical Director Discretion

Yes → (transport as above)

No ↓

Step Four

Step Four: Assess Biomechanics of Injury and Evidence of High-Energy

- Falls: PEDS ≥ 10 ft (one story = 10 ft.)
- High-risk auto crash
  - Intrusion: > 12 in occupant site; > 18 inches in any site
  - Ejection (partial or complete) from automobile or rollover
  - Death in same passenger compartment
  - Vehicle telemetry data consistent with high risk of injury or highway speeds
  - Unrestrained child ≤ 8 years of age when
    - > 30 mph crash
    - Evidence of significant change in position and location within vehicle
  - Seat Belt Sign
- High-risk Pedestrian, Cycle, ATV Crash
  - Auto v. Pedestrian/bicyclist thrown, run over, or with significant impact, ≥ 20 mph
  - Motorcycle or ATV crash ≥ 20 mph with separation of rider or rollover
- *Crushed, degloved or mangled extremity*
- *All open fractures*
  - Femur fracture
  - Penetrating injuries distal to T shirt and boxer areas to wrist and to ankle
  - Assault with prolonged Loss of Consciousness
  - Pregnancy with acute abdominal pain and traumatic mechanism

Yes → *Transport to pediatric trauma center or pediatric capable trauma center according to local and regional process. Process shall take into consideration time for transport, patient condition, and treatment window, with the goal to secure the appropriate treatment for the patient within the treatment window, via ground and/or air; plan for bi-state regions accounts for out-of-state transport when appropriate.*

No ↓

Step Five

Step Five: Assess other risk factors/special patient or system considerations

- Age—PEDs<15 years with potential for admission to pediatric capable center
- Falls—PEDs <10 Feet
- Lower-risk Crash
  - MVC < 40 MPH or UNK speed
  - Auto v. Pedestrian/bicyclist <20 mph impact
  - Motorcycle or ATV crash < 20 mph with separation of rider or rollover
- Medical Co-Morbidity
  - Anticoagulation and bleeding disorder
  - End-stage renal disease requiring dialysis
  - *All pregnant patients involved in traumatic event*
- *Burns: Isolated 10-20% 2nd or 3rd degree, <10 years and isolated burns<10% in PEDs*
- *Amputation distal to wrist or ankle of two or more digits (follow replant protocol and local regional plan)*
- Penetrating injury distal to wrist or ankle
- Assault without Loss of Consciousness
- Suspected child abuse
- Near drowning/ Near hanging
- EMS provider judgment

Yes → *Transport to pediatric capable trauma center or a specific resource hospital according to local and regional process. Process shall take into consideration time for transport, patient condition, and treatment window, with the goal to secure the appropriate treatment for the patient within the treatment window; plan for bi-state regions accounts for out-of-state transport when appropriate*

No → Transport according to routine protocol

MO Added; *MO Edited* 5/11/10