



TIME CRITICAL DIAGNOSIS RESOURCE

Missouri Department of Health and Senior Services

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SUBJECT: Trauma Field Triage <u>Protocol/Guidelines</u>	Chapter: 2. Trauma
	Item: 2.2
REFERENCE: 190.200, 190.243 (RSMo)	Page: Page 1 of 2
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DISTRIBUTION: All Emergency Medical Services

PURPOSE: To guide the process for sorting trauma patients by severity to determine transport to designated trauma centers where appropriate resources will exist to ensure optimal outcomes.

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

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

Yes

No

Step Two and Step Three

Step Two: Assess Level of Consciousness and Vital Signs

- GCS < 14 adult and pediatrics

ADULTS	PEDS: AGE	SBP	RR	HR
Systolic Blood Pressure < 90	0-12 months	< 70	> 60	> 160
Respiratory Rate <10 or >29	1-5 yrs	< 80	> 44	> 130
Heart Rate > 120	6-12 yrs	< 90	> 30	> 115
	> or = 13 yrs	< 90	> 22	> 100

And/ Or Clinical Signs of Shock

Yes

No

Transport to level I or II trauma center requiring least amount of transport time, via air and/or ground, according to local and regional plan; if > 30 min transport, consider transport to level III if significantly closer; plan for bi-state regions accounts for out-of-state transport when appropriate. Pediatrics to pediatric capable center

-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
- Two or more proximal long-bone fractures, open or closed
- 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 > 50 or >20% BSA any age: follow burn protocol and local and regional plan; ALL BURNS WITH ASSOCIATED TRAUMA: transport by trauma field triage protocol according to injury presentation
- PEDS other: Maxillo-facial or upper airway injury
- Two or more extremity fractures
- Medical Director Discretion

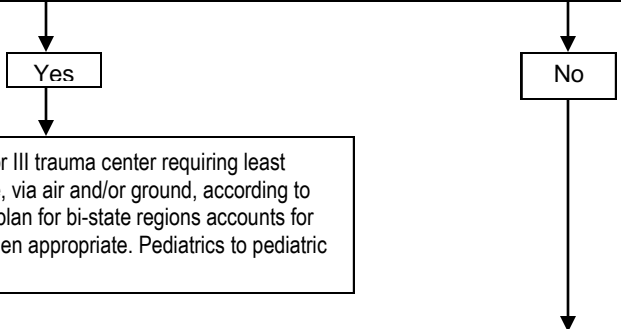
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Step Four

Assess Biomechanics of Injury and Evidence of High-Energy Impact

- Falls
 - ADULTS ≥ 20 ft (one story = 10 ft.)
 - PEDS ≥ 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
- High-risk Pedestrian, Cycle, ATV Crash
 - Auto v. Pedestrian/bicyclist thrown, run over, or with significant impact, > or = 20 mph
 - Motorcycle or ATV crash > or = 20 mph with separation of rider or rollover
- Crushed, degloved or mangled extremity
- Femur fracture
- All open fractures
- Penetrating injuries distal to T shirt and boxer areas to wrist and to ankle
- Assault with prolonged LOC
- Pregnancy with acute abdominal pain and traumatic mechanism
- PEDS
 - Unrestrained child 8 years of age or younger when
 - > 30 mph crash
 - evidence of significant change in position and location within vehicle
- Seat Belt Sign



Step Five

Assess other risk factors/ special patient or system considerations

- Age
 - OLDER ADULTS: > age 55
 - PEDS: < 15 years with potential for admission, to pediatric capable center
- Falls: ADULTS 5-20 Feet
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
- Amputation distal to wrist or ankle of two or more digits (follow replant protocol and local regional plan)
- 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 ages >10 and < 50
 - PEDS: isolated burns < 10% follow burn protocol and local regional plan
- Penetrating injury distal to wrist or ankle
- Assault without Loss of Consciousness
- Suspected child or elder abuse
- Near drowning/ Near hanging
- EMS provider judgment

