TIME CRITICAL DIAGNOSIS
Missouri Department of Health and Senior Services

SUBJECT: Adult Trauma Patient Classification Guidelines for EMS	Chapter: 2. Trauma
	Item: 2.1.b
REFERENCE: 190.185, 190.200, 190.243 (RSMo)	Page 1 of 2
	Date issued: 8/19/10 Draft

DISTRIBUTION: All Emergency Medical Services and Designated Trauma Center Personnel

PURPOSE: To distinguish adult trauma patients by the severity of symptoms in order to guide the transport to the appropriate designated trauma center.

Emergent Group

Immediate life threat

Trauma I ~~(RED)~~: Treatment Window-Within 30 ~~to 60~~ minutes of first medical contact to appropriate trauma center. Includes vital sign and anatomy of injury as below:

- Glasgow Coma Scale < 14 at time of report with injury or drop of 2 points from time of injury
- Systolic Blood Pressure: <90 at any time and/or clinical signs/symptoms of shock
- Respiratory rate: < 10 or > 29 and/or clinical signs/symptoms of shock

Also consider

- Heart Rate: >120

CDC and MO. Anatomic criteria:

- All penetrating injuries to head, neck, torso, and extremities (boxer short and T-shirt areas) proximal to elbow and knee
- Flail chest, airway compromise or obstruction, hemo- or pneumothorax, or patients intubated on scene
- Two or more proximal long-bone fractures
- *Extremity trauma with loss of distal pulse*
- Amputation proximal to wrist and ankle
- Pelvic fractures
- Open or depressed skull fractures
- Paralysis or signs of spinal cord or cranial nerve injury
- Active or uncontrolled hemorrhage: for example, significant arterial or venous bleeding relatively controlled with direct pressure but still active
- *Severe Burns with Associated Trauma: 2nd/3rd degree burns >20% BSA (> 10% BSA in over 50) or any signs of inhalation injury*
  - *If trauma presents the greater immediate risk, triage to trauma center according to triage protocol.*
  - *If the burn injury poses the greatest risk for morbidity and mortality, patient should be transferred to burn trauma? facility. follow burn guidelines and local and regional plan*
- *Isolated Severe Burns: 2nd/3rd degree burns >20% BSA (> 10% BSA in over 50) or any signs of inhalation injury*
  - *Triage to burn facility[peds: 2nd/3rd degree >10% BSA ages <10 or >20% BSA or any signs of inhalation injury] follow burn guidelines and local and regional plan]]*
- Medical Director/Medical Control Discretion: ambulance medical director or receiving hospital medical control according to regional process

Trauma II ~~(YELLOW)~~: Treatment Window- Within 60 minutes of first medical contact to appropriate trauma center. Includes Biomechanics of injury and evidence of high energy transfer:

- Falls > or = 20 ft (one story = 10 ft.)
- High-risk auto crash: Considered as > 40 mph or highway speeds
  - Intrusion: > 12 in occupant site; > 18 inches in any site; refers to interior compartment intrusion
  - Ejection (partial or complete) from automobile
  - Rollover
  - Death in same passenger compartment
  - Vehicle telemetry data consistent with high risk of injury or highway speed
- High-risk Pedestrian, Cycle, ATV Crash
  - Auto v. Pedestrian/bicyclist thrown, run over, or with significant (> or = 20 mph) impact
  - Motorcycle or ATV crash > or = 20 mph with separation of rider or with rollover
- *Crush, degloved, or mangled extremity*
- *All open fractures*
- Femur fracture
- Trauma with prolonged Loss of Consciousness
- Pregnancy with acute abdominal pain and traumatic event

Also consider
- Penetrating injuries distal to T-shirt and boxer area to wrist and to ankle

Trauma III ~~(GREEN)~~: Treatment Window- Within 60? to 90? to 120? minutes of first medical contact to appropriate trauma center

- Age: > age 55
- Falls: 5-20 Feet
- *Less Severe Burns10% (<50 years of age) to20% 2nd or 3rd degree*
  - *With trauma:*
    - *If trauma presents the greater immediate risk, triage to trauma center according to triage protocol.*
    - *If the burn injury poses the greatest risk for morbidity and mortality, patient should be transferred to burn trauma? facility.* *follow burn guidelines and local and regional plan*
  - *Without trauma: triage to burn facility*
- Lower-risk Crash: considered as
  - MVC < 40 MPH or UNK speed,
  - Auto v. Pedestrian/bicyclist with <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 guidelines and local regional plan)*
- Medical Co-Morbidity
  - Anticoagulation and bleeding disorder
  - End-stage renal disease requiring dialysis
  - All pregnant patients involved in traumatic event
- Near drowning/ Near hanging
- EMS provider judgment

Also consider:
- Penetrating injury distal to wrist or ankle
- Assault without Loss of Consciousness
- Suspected elder physical abuse