



**TIME CRITICAL DIAGNOSIS**  
**Missouri Department of Health and Senior Services**

SUBJECT: Pediatric Trauma Patient Classification Guidelines	Chapter: 2. Trauma
	Item: 2.1.c
REFERENCE: 190.185, 190.200, 190.243 (RSMo)	Page 1 of 2
	Date issued: 5/4/10 Draft

**DISTRIBUTION:** All Emergency Medical Services and Designated Trauma Center Personnel

**PURPOSE:** To distinguish pediatric 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.

- Glasgow Coma Scale < 14 at time of report
- Systolic Blood Pressure:
  - 0-12 months < 70
  - 1-5 yrs < 80
  - 6-12 yrs < 90
  - and/or clinical signs of shock (uncompensated vs compensated)
- Respiratory rate:
  - 0-12 months > 60
  - 1-5 years > 44
  - 6-12 years > 30
  - 13 years or older > 22
- Heart Rate:
  - 0-12 months > 160
  - 1-5 years > 130
  - 6-12 years > 115
  - 13 years or older > 100
  - and/or clinical signs of shock (uncompensated vs compensated)
- 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
- *Extremity trauma with loss of distal pulses*
- 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
- *BURNS: PEDS: 2<sup>nd</sup>/3<sup>rd</sup> degree burns > 10% BSA in 10 and younger or any signs of inhalation injury(burn protocol addresses electrocution)*
- PEDS other: Maxillo-facial or upper airway injury  
2 or more extremity fractures

**Trauma II (YELLOW):** Treatment Window- Within 60 minutes of first medical contact to appropriate trauma center

- Falls > or = 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 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 roll-over
- *Crush, degloved, or mangled extremity*
- *All open fractures*
- One proximal long bone fracture
- Penetrating injuries distal to T-shirt and boxer area to wrist and to ankle
- Assault with prolonged Loss of Consciousness
- Pregnancy with acute abdominal pain and traumatic event
- *Non-major burns with associated trauma*
- PEDS other:
  - Seat Belt Sign
  - Unrestrained child 8 years of age or younger when
    - > 30 mph crash
    - evidence of significant change in position and location within vehicle

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

- Age: < 15 years –potential for admission triage preferentially to pediatric capable trauma centers
- Falls: < 10 feet
- *Burns*
  - *Isolated 2<sup>nd</sup>/3<sup>rd</sup> degree burns, 10-20% BSA ages 10 to 50: Triage to burn facility (will follow burn protocol)*
  - *PEDS: Isolated burns < 10%*
- Lower-risk Crash
  - 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*
- Medical Co-Morbidity
  - Anticoagulation and bleeding disorder
  - End-stage renal disease requiring dialysis
  - All pregnant patients involved in traumatic event
- Penetrating injury distal to wrist or ankle
- Assault without Loss of Consciousness
- Suspected child or elder abuse
- Near drowning/ Near hanging
- EMS provider judgment