

TIME CRITICAL DIAGNOSIS MANUAL Missouri Department of Health and Senior Services



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SUBJECT: Trauma Field Triage Guidelines	Chapter: 2. Trauma	
	Item: 2.2	
REFERENCE: 190.200, 190.243 (RSMo)	RSMo) Page: Page 1 of 2	
	Date Issued: 9/15/09 (Final Draft)	

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 that cannot

be managed in the field

Transport to the closest hospital emergency department capable of managing condition

Yes

No

Step Two

Assess Level of Consciousness and Vital Signs

GCS< 14 adult and pediatrics

ADULTS

- Systolic Blood Pressure < 90
- Respiratory Rate <10 or >29
- Heart Rate > 120

PEDS:	<u>AGE</u>	<u>SBP</u>	<u>RR</u>	<u>HR</u>
	0-12 months	< 70	> 60	> 160
	1-5 vrs	< 80	> 44	> 130

< 90 > 13 yrs < 90 > 22 > 100

And/ Or Clinical Signs of Shock

6-12 yrs

Transport to closest level I or II trauma center within 30 minutes transport time via air or ground according to regional plan. Pediatric suspected brain injury to pediatric trauma center





> 30

> 115

Step Three

Yes

Transport to level I or II trauma center within 30 minutes transport time via air or ground according to regional plan. If > 30 minutes, consider transport to level III center

No (Next page)

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
- 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: ADULTS: Major burns >20% BSA or any signs of inhalation injury

PEDS: BURNS > 10% BSA or any signs of inhalation injury

PEDS other: Maxillo-facial or upper airway injury

Two or more extremity fractures

• Medical Director Discretion

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Step Four

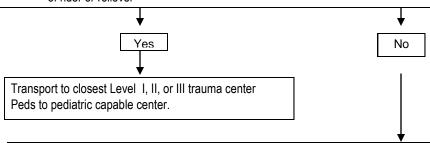
Assess Biomechanics of Injury and Evidence of High-Energy Impact

Falls

ADULTS \geq 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

- Crush, degloved or mangled extremity
- Femur fracture (vs 1 prox long bone fx)
- All open (non-long bone) fractures
- Penetrating injuries distal to T shirt and boxer areas to wrist and to ankle
- Assault with prolonged LOC
- Non- major burns with associated trauma
- Pregnancy with acute abdominal pain and traumatic mechanism
- PEDS
 - Unrestrained child 8 years of age or younger
 - 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

hospital

- 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 (re-implantation protocol)

Medical Co-Morbidity

- · Anticoagulation and bleeding disorder
- End-stage renal disease requiring dialysis
- All pregnant patients involved in traumatic event

Burns

- Non-major burns without other trauma mechanism Triage to burn facility
- PEDS: Burns < 10%

Penetrating injury distal to wrist or ankle Assault without Loss of Consciousness Suspected child or elder abuse Near drowning/ Near hanging EMS provider judgment

