


Section: Medical Operations General  
Subject: TRAUMA ALERT CRITERIA - ADULT  
Section #: 300.22  
Issue Date: March 21, 2011  
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1. Identification of an Adult Trauma Alert patient:

- a. For purposes of this protocol, an adult patient is an individual greater than fifteen (15) years of age.
- b. Upon arrival at the location of an incident, the EMT or paramedic shall:
  - i. Assess the condition of each adult trauma patient using the adult trauma scorecard methodology provided in section 64J-2.004 Florida Administrative Code (FAC) to determine whether the patient should be a trauma alert.
  - ii. In assessing the condition of each adult trauma patient, the following components shall be used: airway, circulation, the best motor response (BMR) component of the Glasgow Coma Scale, cutaneous (skin condition and integrity), long bone fracture, age, and mechanism of injury.

2. Adult Trauma Scorecard Methodology

- a. An Adult Trauma Alert *shall* be called if any of the following four (4) criteria is met:
  - i. **Criteria #1: Patient earns a score of two or greater when assessed according to the following criteria as set forth in 64J-2.004 F.A.C.:**

Criteria #1 Component	Item = 1 point	Item = 2 points
Airway	<ul style="list-style-type: none"><li>Sustained RR greater than or equal to 30 / min</li></ul>	<ul style="list-style-type: none"><li>Active airway assistance beyond oxygen administration</li></ul>
Circulation	<ul style="list-style-type: none"><li>Sustained HR greater than or equal to 120 bpm</li></ul>	<ul style="list-style-type: none"><li>Lack of radial pulse with sustained HR greater than or equal to 120 bpm, or</li><li>BP less than or equal to 90 mmHg</li></ul>
Best Motor Response	<ul style="list-style-type: none"><li>BMR = 5 (on GCS Scale)</li></ul>	<ul style="list-style-type: none"><li>BMR less than or equal to 4 (on GCS Scale), or</li><li>Paralysis, or</li><li>Suspicion of a spinal cord injury, or</li><li>Loss of sensation</li></ul>
Cutaneous	<ul style="list-style-type: none"><li>Soft tissue loss from either a major degloving injury or a major flap avulsion greater than 5 inches (12.7 cm.)</li><li>GSW to the extremities</li></ul>	<ul style="list-style-type: none"><li>Amputation proximal to the wrist or ankle, or</li><li>2<sup>nd</sup> or 3<sup>rd</sup> degree burns greater than or equal to 15% TBSA, or</li><li>Penetrating injury to the head, neck, or torso (excluding superficial wounds where the depth of the wound can be determined)</li></ul>
Longbone Fracture	<ul style="list-style-type: none"><li>MVC or a fall greater than ten (10) feet causing signs or symptoms of a longbone fracture (humerus; radius or ulna; femur; tibia or fibula)</li></ul>	<ul style="list-style-type: none"><li>Signs or symptoms of fractures at two or more longbone fracture sites: humerus; radius or ulna; femur; tibia or fibula</li></ul>
Age	<ul style="list-style-type: none"><li>Patient greater than or equal to 55 years of age</li></ul>	
Mechanism of Injury	<ul style="list-style-type: none"><li>Ejection from a vehicle (excluding any motorcycle, moped, all terrain vehicle, bicycle, or open body of a pickup truck), or</li><li>The driver of a motor vehicle strikes the steering column with sufficient force to cause deformity</li></ul>	

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ii. Criteria #2 as set forth in 64J-2.004 F.A.C.:

Criteria #2	<ul style="list-style-type: none"><li>• Patient has a Glasgow Coma Score (GCS) less than or equal to 12 (excluding those persons who's normal GCS would be less than or equal to 12)</li></ul>
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iii. Criteria #3 as set forth in Hillsborough County Trauma Agency Uniform Trauma Transport Protocol, Change 11, and January 2011.

Criteria #3	<ul style="list-style-type: none"><li>• A trauma alert shall be called for any patient who has a neck laceration with associated swelling, sustained bleeding, escape of air from wound or stridor, and (the patient shall be) transported to the nearest trauma center<sup>1</sup>. A patient with any other neck laceration not meeting the above-described conditions shall be transported to the nearest trauma center, but not trauma alerted.</li></ul>
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iv. Criteria #4 EMS provider high index of suspicion as set forth in 64J-2.004 F.A.C.:

Criteria #4	<ul style="list-style-type: none"><li>• In cases where the patient does not meet any of the above criteria for a trauma alert, and the senior paramedic on the scene has a strong suspicion of the presence of a serious injury in the patient, the paramedic may use their judgment to transport the patient as a trauma alert as long as the reason is justified on the patient care record left at the trauma center.</li></ul>
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3. Trauma Notifications

- a. The senior paramedic on scene shall ensure that a prehospital trauma alert is issued upon determination that a patient meets any of the above criteria. The words "trauma alert" shall be used when notifying the trauma center or hospital that the unit is en route with a trauma alert patient.
- b. When notifying dispatch of a trauma alert, include the following information:
  - i. Type of trauma alert(s): adult or pediatric
  - ii. Number of patients
  - iii. Mechanism of injury
  - iv. Destination
  - v. Airway and ventilation status, oxygen saturation, if known
  - vi. Hemodynamic status (e.g. characteristics of peripheral pulses, or vital signs if available)
- c. The report given to the trauma center shall include at a minimum, the following information:
  - i. Estimated time of arrival
  - ii. Approximate age
  - iii. Nature and mechanism of injury
  - iv. Body area involved
  - v. GCS
  - vi. Airway and ventilation status

<sup>1</sup> No detailed wound exploration will be attempted by paramedics or EMTs other than to make the above determinations. Treatment will be directed towards ABCs and rapid transport.

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- vii. Oxygen saturation, if known
- viii. Hemodynamic status (e.g. characteristics of peripheral pulses, or vital signs if available)

4. Elder gray-area criteria: as set forth in Hillsborough County Trauma Agency Uniform Trauma Transport Protocol, Change 11, January 2011.

- a. The older or geriatric trauma patient who does not meet any of the aforementioned trauma alert criteria, but is 65 years or older, is "at-risk" and might benefit from the services available at a trauma center. The lead paramedic should consider transporting that patient to a trauma center if one or more of the following conditions are satisfied:
  - i. Mechanism of injury
    - Motor vehicle collision associated with:
      - a. Rapid deceleration of automobile (> 35 mph)
      - b. Pedestrian/bicycle/golf cart
      - c. Motorcyclist
      - d. Vehicle occupant with lack of restraints
      - e. Significant passenger space invasion
      - f. Prolonged extrication greater than 20 minutes
      - g. Significant vehicular damage
      - h. Rollover
      - i. Fatality of other occupant
    - Other events associated with high-energy dissipation:
      - a. Fall
      - b. Blast
    - Injuries associated with an above mechanism:
      - a. Evidence of chest or pelvic trauma
        - Traumatic injury and currently taking:
          - a. Anticoagulants and blood thinners
          - b. Cardiac medications such as beta blockers and antiarrhythmics
          - c. Diabetic medications
    - Medical History of:
      - a. Cardiac
      - b. CHF
      - c. COPD
      - d. Paralysis
      - e. Dementia
      - f. Surgical: recent surgery, transplant recipient
      - g. Diabetes