


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">Sustained RR greater than or equal to 30 / min	<ul style="list-style-type: none">Active airway assistance beyond oxygen administration
Circulation	<ul style="list-style-type: none">Sustained HR greater than or equal to 120 bpm	<ul style="list-style-type: none">Lack of radial pulse with sustained HR greater than or equal to 120 bpm, orBP less than or equal to 90 mmHg
Best Motor Response	<ul style="list-style-type: none">BMR = 5 (on GCS Scale)	<ul style="list-style-type: none">BMR less than or equal to 4 (on GCS Scale), orParalysis, orSuspicion of a spinal cord injury, orLoss of sensation
Cutaneous	<ul style="list-style-type: none">Soft tissue loss from either a major degloving injury or a major flap avulsion greater than 5 inches (12.7 cm.)GSW to the extremities	<ul style="list-style-type: none">Amputation proximal to the wrist or ankle, or2nd or 3rd degree burns greater than or equal to 15% TBSA, orPenetrating injury to the head, neck, or torso (excluding superficial wounds where the depth of the wound can be determined)
Longbone Fracture	<ul style="list-style-type: none">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)	<ul style="list-style-type: none">Signs or symptoms of fractures at two or more longbone fracture sites: humerus; radius or ulna; femur; tibia or fibula
Age	<ul style="list-style-type: none">Patient greater than or equal to 55 years of age	
Mechanism of Injury	<ul style="list-style-type: none">Ejection from a vehicle (excluding any motorcycle, moped, all terrain vehicle, bicycle, or open body of a pickup truck), orThe driver of a motor vehicle strikes the steering column with sufficient force to cause deformity	

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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">• 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)
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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">• 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 center¹. 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.
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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">• 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.
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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

¹ 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