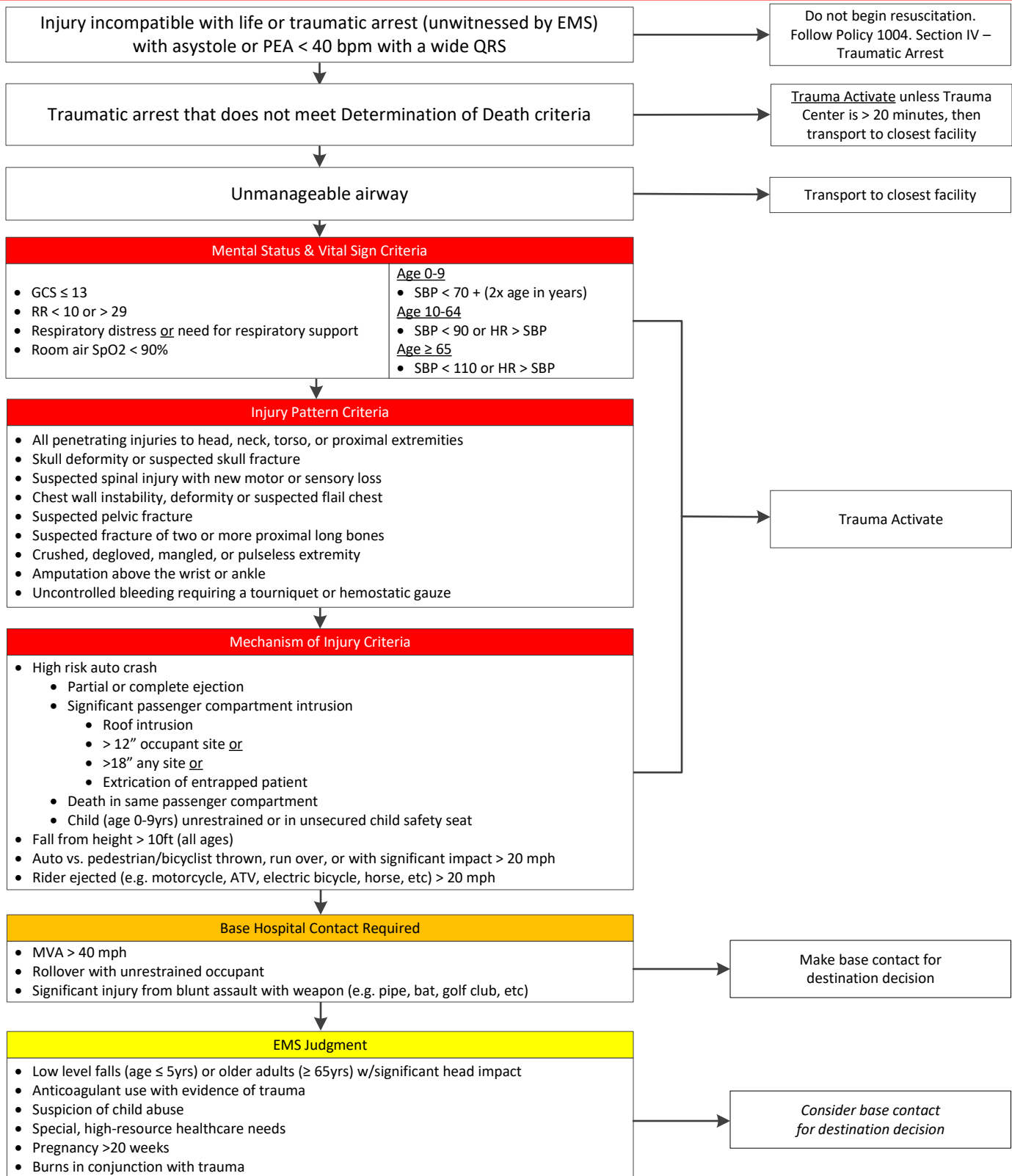


# Trauma Triage



# Trauma Triage

## Age Categories

Adult trauma patients  $\geq 15$  years

Pediatric trauma patients  $\leq 14$  years

## Trauma Receiving Facilities

Adult Trauma Centers – John Muir Medical Center – Walnut Creek is the designated trauma center for adults in Contra Costa County. In some circumstances, patients may be transported to other trauma centers. Alameda County Medical Center (Highland) and Eden Medical Center are trauma centers that, when they are the closest trauma center, may be appropriate for ground transport of trauma patients.

Pediatric Trauma Centers – UCSF Benioff Children's Hospital of Oakland (CHO) is the most appropriate destination for the majority of pediatric trauma patients. UC Davis Medical Center is also a pediatric trauma center and may be utilized with helicopter transport. John Muir Medical Center – Walnut Creek may be an appropriate trauma center for critically injured pediatric trauma patients when risks of prolonged transport to the designated pediatric trauma center outweigh the benefits.

Receiving Facilities – Local hospitals are receiving facilities for patients who are triaged by the Base Hospital at the time of report as not requiring trauma center care. A trauma center may also serve as the receiving facility when it is the patient's facility of choice.

## Trauma Reiterations

Unmanageable Airway – A trauma patient whose airway is unable to be adequately maintained with BLS or ALS maneuvers should be transported to the closest facility. Following airway stabilization at a non-trauma center ED, these patients are candidates for immediate retriage to the trauma center.

Traumatic Arrest – Patients in traumatic arrest that do not meet the Determination of Death criteria should be trauma activated, unless trauma center is  $> 20$  minutes away. Otherwise, these patients should be transported to the closest facility.

Helicopter Usage – If a helicopter crew is present at the time of arrest (blunt or penetrating) and the air transport can be initiated immediately, use of helicopter to transport to a trauma center would be appropriate if it provides a significant advantage over ground transport in terms of timely delivery of the patient.

## **Pearls**

- Intoxicated patients may have unrecognized injuries, particularly head bleeds.
- A complete hands-on head-to-toe assessment is indicated for all trauma patients.
- Transport should be initiated within 10 minutes of ambulance arrival unless patient requires extrication.
- EMS Judgement and considerations:
  - Low energy mechanism trauma may reveal significant trauma. Examples include, but are not limited to, ground level or short falls, blunt assault without a weapon (e.g., closed fist), low speed motor vehicle crash, or other blunt trauma (e.g., sports injury). Symptoms or concern may include:
    - Symptoms in the presence of head injury such as headache, vomiting, loss of consciousness, repetitive questioning, abnormal, combative behavior or new onset of confusion.
    - Pain level greater than 5/10 related to head, neck, or torso injury.
    - Any concerns due to hypotension, tachycardia, or tachypnea.
    - SBP  $< 110$  in patients  $\geq 65$  years.
    - Torso injury with tenderness of abdomen, chest/ribs, or back/flank.
    - Suspected hip dislocation or pelvis injury.

