

# TRAUMA TRIAGE TOOL

## Patients 14yrs and older

**Uncontrolled Airway- Transport to closest Emergency Department**

### **Major Physiologic Factors**

- GCS ≤13 (attributed to traumatic head injury)
- SBP <90mmHg
- Respiratory rate <10 or >29 breaths per min
- Respiratory distress or need for respiratory support

Yes

Provide Trauma Notification and transport to closest trauma center: MarinHeath Medical Center (MHMC) by ground, or a Level II by air

No

### **Major Anatomic Factors**

- Penetrating injuries to head, neck, torso, or extremities proximal to elbow or knee
- Two or more proximal long bone fractures
- Crushed, degloved, mangled or amputated extremity proximal to wrist or ankle
- Active bleeding requiring tourniquet or wound packing with continuous pressure
- Open or depressed skull fracture
- Flail chest
- Paralysis (partial or complete)
- Burns with anatomic factors
- Pelvic fractures

Yes

### **Mechanism of Injury Factors**

- Falls >10ft
- High-risk auto crash and
  - Passenger space intrusion >18" (>12" occupant side)
  - Ejection (partial or complete) from vehicle
  - Death in same passenger compartment
- Rider separated from vehicle (motorcycle, ATV, horse, motorized bike/scooter/skateboard) with significant impact
- Pedestrian/bicyclist thrown, run over, or with significant impact
- Burns with MOI factors

Yes

Provide Trauma Notification and transport to MHMC Level III Trauma Center

No

### **EMS Judgement**

- Additional factors that cause paramedic be concerned about the patient including, but not limited to:
  - Age ≥65 with significant head impact
  - Anticoagulant/anti-platelet use or bleeding disorders with significant head/torso injury

Yes

Transport to closest ED or ED of patient's choice

No

### **Trauma Notification**

- Field personnel will advise the trauma center a minimum of 10 minutes prior to arrival (or as soon as possible if transport is <10min) by providing a Trauma Notification. This information will be used to activate the trauma team. Communication with the hospital via MERA is preferred. The notification must include at a minimum the following information:
  - Medic unit and transport code
  - Trauma Notification
  - Patient age and gender
  - **M**- Mechanism of injury
  - **I**- Injury and/or complaints; significant injuries and findings
  - **V**- Vital signs; blood pressure, pulse, respiratory rate, GCS
  - **T**- Treatment/interventions
  - ETA

### **SPECIAL CONSIDERATIONS**

- The clinical findings, including past medical history, are critical to identifying the trauma patient, especially when assessing Mechanism of Injury (MOI) and additional factors
- A thorough clinical assessment is especially important in patients with:
  - Persistent and unexplained respiratory difficulty, tachycardia, or peripheral vasoconstriction
  - Inability to communicate (e.g. language barrier, substance abuse or psychiatric impairment)
- There are MOI not identified in the Trauma Triage Tool that may be associated with trauma. Any fall or impact with significant velocity is likely to produce a candidate for trauma activation
- Pregnant patients ≥20 weeks with a pregnancy related complaint must be transported to MHMC

### **PHYSICIAN CONSULT**

- Trauma Center consultation is recommended for questions about destinations for injured patients