

Trauma Center Triage Criteria

The recognition of major trauma and the decision to transport the patient to a designated trauma facility (as determined by this protocol & Medical Control) supersedes patient transport to nearest facility. LERN must be contacted, should the patient refuse the recommendation of trauma center designation by LERN, the patient must sign a AMA portion on EPCR for refusal of transport to trauma center designation.

Mental status and vital signs

All patients:

- GCS < 14
- RR < 10 or >29 breaths/min
- Room air SPO2 < 90%
- Respiratory distress or need for respiratory support

Age 0-9 years:

- SBP < 70 mmHg + (2 x age years) Age 10-64 years:
- SBP < 90 mmHg
- HR > SBP (+ shock index)

Age > 65 years:

- SBP < 110 mmHg
- HR > SBP (+ shock index)

Injury patterns

- Penetrating injury to head, neck, torso, or proximal extremities
- Skull deformity, suspected skull fracture
- Suspected spinal injury with new motor or sensory loss
- Chest wall instability, deformity, or suspected flail chest
- Suspected pelvic fracture
- Suspected fracture of 2 or more proximal long bones
- Crushed, degloved, mangled, or pulseless extremity
- Amputation proximal to wrist or ankle
- Active bleeding requiring a tourniquet or wound packing with continuous pressure
- Head trauma on anticoagulant (excluding ASA) or history of bleeding with evidence of high energy impact

Mechanism of injury

- High risk auto crash with complaints and moderate injuries:
- Partial or complete ejection
- Significant intrusion (including roof):
- 12 inches into occupant site
- 18 inches into any site
- Need for extrication of entrapped patient
- Death in same passenger compartment
- Child (0-9 years) unrestrained or in unsecured child safety seat
- Vehicle telemetry data consistent with severe Injury
- Rider separated from transport vehicle with significant impact (i.e. motorcycle, ATV, horse, etc.)
- Pedestrian/bicycle/motorcycle rider thrown, run over, or with significant impact (> 20 mph)
- Fall from height > 10 feet (any age)
- Burns in conjunction with trauma
- Blast or explosion
- Hanging
- High-energy electrical injury

LERN should be contacted for every trauma meeting criteria and anytime it becomes unclear whether or not a patient is a candidate for the trauma center.

Special considerations

- EMS provider judgment
- Any age pregnancy > 20 weeks meeting trauma center criteria.

Routing criteria

Children should be triaged preferentially to pediatric capable centers.

If multiple patients are transported by one clinician, choose a Trauma Center based upon the sickest patient. Use discretion when deciding whether to transport to one versus multiple facilities.

If the patient meets trauma criteria and has one of the below or LERN or online **Medical Control** feels it is in the patient's best interest, Medical Control or LERN may direct EMS to stop at the closest Emergency Department for patient stabilization.

- Traumatic arrest not meeting criteria for DNR (as per TCA/Withholding of Resuscitation protocol)
- Non-patent airway that cannot be corrected by OPA, BVM, and oxygen
- Tension Pneumothorax
- Transport time > 50 minutes to trauma center

After stabilization at the closest ED, the provider should proceed expeditiously to the highest level Trauma Center if indicated. This stopover does not qualify as a hospital to hospital transfer.