

TRAUMA TRIAGE AND DESTINATION

PURPOSE

To provide additional explanation and guidance for the Marin County Trauma Triage Criteria Tool to help identify trauma patients in the field and, based upon their injuries, direct their transport to an appropriate level of trauma care facility.

RELATED POLICIES

Service Area for Hospitals, #4603; Trauma Re-Triage, Adult and Pediatric, 4606A and 4606B; EMS Aircraft, #5100; Ambulance Diversion Policy, #5400; Destination Guidelines, GPC 4; Determination of Death, ATG 6; Multi-Casualty Incident, GPC 12

DEFINITIONS

- A. **Designated Trauma Center** refers to an acute care facility holding designation as a Level I, Level II, Level III, or EDAT (Emergency Department Approved for Trauma). In Marin County, Marin General Hospital is the designated Level III Trauma Center and Kaiser Permanente San Rafael Medical Center is the designated EDAT.
- B. **Provide Trauma Notification** means that field personnel will advise the trauma center as soon as possible of their impending arrival by providing a Trauma Notification (see Trauma Triage Tool).
- C. **Time closest facility** is that facility which can be reached in the shortest amount of time.

GENERAL POLICY

- A. It is the overall goal of the Marin County Trauma System to provide treatment of injured patients at Marin County hospitals.
- B. Whenever physician consultation is indicated within this policy, contact shall be made with Marin General Hospital Level III Trauma Center.
- C. The following policy statements pertain to use of the Trauma Triage Tool (see 4613a):
 - 1. Patients shall be determined to meet criteria for transport to a designated trauma center if they meet the criteria listed in the Trauma Triage Tool.
 - 2. Physician consultation is REQUIRED in the following circumstances:
 - a. The paramedic is unable to transport the patient to the indicated facility in an expedient manner;
 - b. The paramedic assesses the patient and scene conditions and believes transport to a different level of care is indicated;
 - c. Patient requests a facility not indicated by the Trauma Triage Criteria Tool.
 - 3. Physician consultation is RECOMMENDED whenever assistance in resolving treatment decisions or transport destinations is desired.
 - 4. Unmanageable airway: Patients with airway compromise unmanageable by BLS or ALS adjuncts will be transported to the closest receiving facility.
 - 5. Traumatic Arrest: Determination of death can be made prior to, or immediately after, initiating resuscitation if:
 - a. a patient has sustained blunt, penetrating or profound multi-system trauma with asystole or PEA, OR
 - b. In an MCI incident where (START) triage principles preclude initiation of CPR

- D. Destination for Adult patients who meet Physiologic or Anatomic Criteria:
1. Transport to time closest trauma center.
 2. If the estimated ground transport time to the closest trauma center exceeds 30 minutes, consider use of air ambulance.
 - a. Estimated ground transport time is evaluated from the time the patient is packaged and ready for transport. Consider traffic conditions, weather, and other relevant factors.
 - b. Estimated air transport time includes: minutes until arrival (if helicopter is not already on the ground); scene and load time of flight crew (typically 10 minutes); flight time to trauma center; and off-load time (typically 7-10 minutes). If helicopter is on the ground at the time the patient is ready for transport, then air transport time is evaluated as time to load, flight time to trauma center and time to off-load to the ED.
- E. For adult patients meeting mechanism of injury or additional factors criteria, transport to Marin General Hospital.
- F. Destination for Pediatric patients who meet Physiologic or Anatomic Criteria:
1. Transport directly to Children's Hospital Oakland (see Trauma Triage Tool).
 2. If ETA (transport time) is anticipated to be >30 minutes, physician consultation should be obtained with the Level III trauma center to determine destination.
- G. Incidents involving **three or more patients meeting Physiologic or Anatomic Criteria** will be handled in the following manner:
1. Use of air ambulance should be considered.
 2. Prehospital providers shall consult with the Level III trauma center regarding destinations.
 3. Patients that the Level III trauma center cannot accept should be transported to an out-of-county Level I or II trauma center in the most appropriate and expedient manner.
 4. If an incident is a Multi-Casualty Incident (MCI), prehospital providers will utilize the Multiple Patient Management Plan for destination guidelines. The term "Immediate Trauma Patient" will be used to describe an MCI patient that may need the services of a trauma center. The coordinating hospital should consider the capacity at the local and regional trauma centers when making destination decisions.
- H. The EDAT will be used for patients meeting mechanism of injury or additional factors trauma criteria that Level III trauma center is unable to accept.