

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 < 90 mmHg
- 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

No

Mechanism of Injury Factors

- Falls > 10 ft
- 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

No

Transport to closest ED or ED of patient's choice

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