TRIAGA TTRIAGE 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

Yes

Provide Trauma Notification and transport to closest trauma center: MarinHealth 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
- Flail chest
- Two or more proximal long bone fractures
- Crushed, degloved, mangled or amputated extremity proximal to wrist or ankle

Yes

Pelvic fractures
- Open or depressed skull fracture
- Paralysis (partial or complete)
- Burns with anatomic factors

No

Mechanism of Injury Factors?
- Falls >20ft (1 story = 10ft)
- High-risk auto crash and
  - Passenger space intrusion >18" (>12’ occupant side)
  - Ejection (partial of complete) from vehicle
  - Death in same passenger compartment
  - Auto vs. pedestrian or auto vs. bicyclist: thrown, run over, or with >20mph impact
  - Motorcycle or bicycle crash: thrown and >20mph impact
  - Burns with MOI factors

Yes

Provide Trauma Notification and transport to MHMC Level III Trauma Center

No

Additional factors?
Assessment of additional factors (e.g. age >65, anticoagulant use, antiplatelet use, bleeding disorders with head/torso injury, pregnancy >20wks, etc) or other complaints or exam findings cause paramedic to be concerned about the patient

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

** PHYSICIAN CONSULT **

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