

MARIN COUNTY TRAUMA TRIAGE TOOL
Adult Patients (age 14 and older)

Uncontrolled Airway
Transport to closest Emergency Department

Assess for – Major Physiologic Factors

1. Glasgow Coma Scale ≤13 (attributed to traumatic head injury)
2. Systolic blood pressure (mmHg) <90 mm Hg
3. Respiratory rate <10 or >29 breaths per minute

Provide Trauma Notification & Transport to Time Closest Trauma Center: Marin General Hospital by ground, or Level II by air.

YES NO

Assess Anatomic Factors

Assess for – Major Anatomic Factors

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| <ol style="list-style-type: none"> 1. Penetrating injuries to head, neck, torso, or extremities proximal to elbow or knee 2. Flail chest 3. Two or more proximal long-bone fractures 4. Crushed, degloved, mangled or amputated extremity proximal to wrist or ankle | <ol style="list-style-type: none"> 5. Pelvic fractures 6. Open or depressed skull fracture 7. Paralysis (partial or complete) 8. Burns with anatomic factors |
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Provide Trauma Notification & Transport to Time Closest Trauma Center: Marin General Hospital by ground, or Level II by air.

YES NO

Assess Mechanism of Injury Factors

Assess for – Mechanism of Injury Factors

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| <ol style="list-style-type: none"> 1. Falls <ul style="list-style-type: none"> - Adults >20 feet (one story is equal to 10 feet) - Children >10 feet or three times the height of the child 2. High-risk auto crash and <ul style="list-style-type: none"> - Passenger space intrusion >18" (>12" occupant site) - Ejection (partial or complete) from automobile - Death in same passenger compartment | <ol style="list-style-type: none"> 3. Auto vs. pedestrian or auto vs. bicyclist: thrown, run over, <u>or</u> with >20 mph impact 4. Motorcycle or bicycle crash: thrown <u>and</u> > 20 mph impact 5. Burns with MOI factors |
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Provide Trauma Notification & transport to Marin General Hospital Trauma Center

YES NO

Assess Additional Factors

Assess for – Additional Factors

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

Provide Trauma Notification & Transport to Marin General Hospital Trauma Center

YES NO

Transport to closest ED or ED of patient's choice

COUNTY OF MARIN EMS
MARIN COUNTY TRAUMA TRIAGE TOOL
 Pediatric Patients (age <14 yrs)

Uncontrolled Airway
Transport to closest Emergency Department

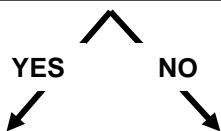
Assess for – Major Physiologic Factors

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| <ol style="list-style-type: none"> 1. Glasgow Coma Scale \leq13 (attributed to traumatic head injury) 2. Systolic BP <80 mm Hg – age 7-14 3. Systolic BP <70 mm Hg – age < 7 4. RR < 20 in infants age less than one year, or requiring ventilatory support |
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Assess for – Major Anatomic Factors

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| <ol style="list-style-type: none"> 1. Penetrating injuries to head, neck, torso, or extremities proximal to elbow or knee 2. Flail chest 3. Two or more proximal long-bone fractures 4. Crushed, degloved, mangled or amputated extremity proximal to wrist or ankle | <ol style="list-style-type: none"> 5. Pelvic fractures 6. Open or depressed skull fracture 7. Paralysis (partial or complete) 8. Burns with anatomic factors |
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If positive A/P findings, Transport to Oakland Children's Hospital if ETA 30 min. or less, otherwise transport to Marin General Hospital and provide Trauma Notification



Follow assessment for MOI and Additional Factors on page 1 for Adult Trauma Patients

SPECIAL CONSIDERATIONS

1. The clinical findings, including past medical history, are critical to identifying the trauma patient, especially when assessing Mechanism of Injury (MOI) and Additional factors (AF).
2. A thorough clinical assessment is especially important in:
 - Patients with persistent & unexplained respiratory difficulty, tachycardia, or peripheral vaso-constriction;
 - Any patient <5 yrs of age who has suffered major trauma but for whom it is not possible to fully determine physiologic status;
 - Inability to communicate (e.g., language barrier, substance or psychiatric impairment)
3. There are mechanisms of injury 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.

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 < 10 minutes) 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:

1. Medic Unit and Transport Code
2. Trauma Notification
3. Age / Gender
4. **M** - Mechanism of Injury (e.g., MVA, fall, stab wound, gunshot wound)
5. **I** - Injury and/or complaints; significant injuries and findings
6. **V** - Vital Signs; blood pressure, pulse, respiratory rate, GCS
7. **T** - Treatment / interventions
8. **E**TA

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