

**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: MarinHealth Medical Center by ground, or Level II by air.**

YES NO

**Assess Anatomic Factors**

**Assess for – Major Anatomic Factors**

- 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
- 5. Pelvic fractures
- 6. Open or depressed skull fracture
- 7. Paralysis (partial or complete)
- 8. Burns with anatomic factors

**Provide Trauma Notification & Transport to Time Closest Trauma Center: MarinHealth Medical Center by ground, or Level II by air.**

YES NO

**Assess Mechanism of Injury Factors**

**Assess for – Mechanism of Injury Factors**

- 1. Falls
  - 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
  - Passenger space intrusion >18" (>12" occupant site)
  - Ejection (partial or complete) from automobile
  - Death in same passenger compartment
- 3. Auto vs. pedestrian or auto vs. bicyclist: thrown, run over, or with >20 mph impact
- 4. Motorcycle or bicycle crash: thrown and > 20 mph impact
- 5. Burns with MOI factors

**Provide Trauma Notification & transport to MarinHealth Medical Center Level III 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 MarinHealth Medical Center Level III Trauma Center**

YES NO

**Transport to closest ED or ED of patient's choice**

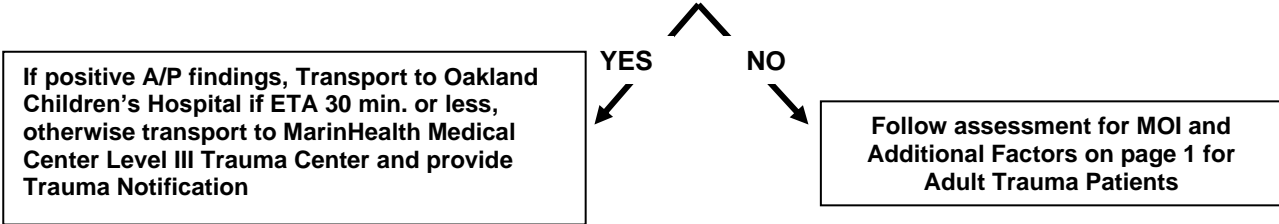
**Uncontrolled Airway**  
**Transport to closest Emergency Department**

**Assess for – Major Physiologic Factors**

1. Glasgow Coma Scale ≤13 (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

**Assess for – Major Anatomic Factors**

- |  |  |
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| <ol style="list-style-type: none"> <li>1. Penetrating injuries to head, neck, torso, or extremities proximal to elbow or knee</li> <li>2. Flail chest</li> <li>3. Two or more proximal long-bone fractures</li> <li>4. Crushed, degloved, mangled or amputated extremity proximal to wrist or ankle</li> </ol> | <ol style="list-style-type: none"> <li>5. Pelvic fractures</li> <li>6. Open or depressed skull fracture</li> <li>7. Paralysis (partial or complete)</li> <li>8. Burns with anatomic factors</li> </ol> |
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**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.***