

PEDIATRIC TRAUMA TRIAGE TOOL

Pediatric Patients <14yrs

Uncontrolled Airway- Transport to closest Emergency Department

Major Physiologic Factors

- GCS ≤13 (attributed to traumatic head injury)
- SBP <80mmHg age 7-14 or <70mmHg age <7
- Respiratory rate <20 in infant <1yr or requiring ventilatory support
- RA SpO2 <90%

Yes → Transport to Oakland Children’s Hospital if ETA 30min or less, otherwise transport to MarinHealth Medical Center Level III Trauma center and provide Trauma Notification

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 → Transport to Oakland Children’s Hospital if ETA 30min or less, otherwise transport to MarinHealth Medical Center Level III Trauma center and provide Trauma Notification

Yes

No ↓

Mechanism of Injury Factors

- Falls >10ft, or three times the height of the child
- High-risk auto crash and
 - Passenger space intrusion >18” (>12” occupant side)
 - Ejection (partial or complete) from vehicle
 - Death in same passenger compartment
- Child age 0-9 years unrestrained or in unsecured child restraint seat
- 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

Yes

No ↓

EMS Judgement

- Anticoagulant/anti-platelet use
- Bleeding disorders with head/torso injury
- Other complaints or exam findings that cause paramedic to be concerned about the patient

Yes → Provide Trauma Notification and transport to MHMC Level III Trauma Center

Yes

No → 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