

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

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
- Flail chest
- Two or more proximal long bone fractures
- Crushed, degloved, mangled or amputated extremity proximal to wrist or ankle
- Pelvic fractures
- Open or depressed skull fracture
- Paralysis (partial or complete)
- Burns with anatomic factors

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
- 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. anticoagulant use, anti-platelet use, bleeding disorders with head/torso injury, etc) or other complaints or exam findings cause paramedic to be concerned about the patient

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
 - Age <5yrs 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 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