**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**

**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**

**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**

**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**

**Provide Trauma Notification and transport to MHMC Level III Trauma Center**
**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