I. Authority:

Health and Safety Code Division 2.5, California Code of Regulations, Title 22, Division 9, Chapter 7

II. Purpose:

To establish trauma patient triage criteria and set a minimum activation levels for the care of the trauma patients in Imperial County

III. Policy:

A. When the Base Hospital deems it necessary to transport a patient to the "nearest" Receiving Facility for stabilization, it is imperative for healthcare providers to understand that Critical Trauma Patient is a potential surgical emergency and requires early definitive care.

B. Trauma Triage Criterion are based upon recommendations of the American College of Surgeons (ACOS) and has been refined based on our local system.

C. The entire trauma system is driven by the tenet that severely injured trauma patients should be triaged to the closest appropriate trauma facility for definitive treatment, and over and under triage should be avoided.

D. Per ACOS, adult trauma patients are ≥ 15 years old

IV. Trauma triage categories and criteria:

A. Critical Trauma Patients: If a patient fulfills step one or two, these patients are considered "Critical Trauma" patients and should be taken to the highest Trauma Center available.

1. Step One: Physiological Status
    a. GCS less than 6, or LOC of greater than 5 min, or LOC with deteriorating GCS
    b. Systolic Blood Pressure:
        i. Pediatrics 0-6 yo: < 70 mmHg
        ii. Pediatrics 7-14 yo: < 80 mmHg
        iii. Adults > 15 yo : < 90 mmHg
    c. Respiratory Rate:
        i. Infant 0-1 yo: < 20 breaths per minute
        ii. Pediatric to Adult: <10 or > 30 breaths per minute
2. Step Two: Anatomic Injuries
    a. All penetrating injuries to head, neck, torso, and extremities proximal to elbow and knee
    b. Flail chest

c. Two or more proximal long-bone fractures
d. Crush, degloved or mangled extremity
e. Amputation proximal to wrist and ankle
f. Pelvic fractures
g. Open or depressed skull fracture
h. Paralysis

B. Trauma Patients: If a patient fulfills step three (3) the ACOS recommends transport to the nearest Trauma Center.
    1. Step Three: Mechanism
        a. Falls:
            i. Adults > 20 ft. (one story is equal to 10 ft.)
            ii. Pediatrics: > 10 ft. or 2-3 times the height of the child
        b. High-Risk Auto Crash
            i. Intrusion: > 12 in. occupant site; > 18 in. any site
            ii. Ejection (partial or complete) from automobile
            iii. Death in same passenger compartment
            iv. Vehicle telemetry data consistent with high risk of injury
        c. Auto vs. Pedestrian, or patient thrown, or run over bicyclist, or with > 20 mph significant impact
        d. Motorcycle Crash > 20 mph

C. If a patient fulfills any of the criteria listed in step four, contact the Base Hospital for potential transfer to a Trauma Center.
    1. Step Four: Special Considerations
        a. Risk of injury increases significant ≥ 55 years old
        b. Patients < 15 years old should be transported to pediatric trauma centers
        c. Anticoagulation use and bleeding disorders
        d. Burns – See the **Burn Triage Criteria Policy**
            i. Without other trauma mechanism: Triage to a burn facility
            ii. With trauma mechanism: Triage to trauma center
        e. Time sensitive extremity injury
        f. End-Stage Renal Disease Requiring Dialysis

g. Cirrhosis or End-Stage Liver Disease
h. LVAD, Artificial Heart or other specialized device needs
i. Presence of intoxicants
j. Morbid obesity
k. Pregnancy > 20 weeks gestation

D. EMS Provider judgement is an important determinant and if a situation is unclear, transport destination should be determined with the most experienced prehospital provider on scene, with Base Hospital guidance if possible
E. When in doubt, transfer to a Trauma Center

APPROVED:
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