SAN JOAQUIN COUNTY
EMERGENCY MEDICAL SERVICES AGENCY

TITLE: **MAJOR TRAUMA TRIAGE CRITERIA** EMS Policy No. **5210**

PURPOSE:

The purpose of this policy is to define criteria for identifying major trauma patients.

AUTHORITY:

Health and Safety Code, Division 2.5, Sections 1797.220, and 1798 et. seq. California Code of Regulations, Title 22, Division 9, Chapter 6.17.

DEFINITIONS: See SJCEMSA Policy Definitions

~~A. "Adult major trauma patient" means a patient 13 years of age or older, or taller than a Broselow Tape (146.5 cm), and meets one or more of the major trauma triage criteria.~~

~~B. "Pediatric major trauma patient" means a patient 12 years of age or younger, is not taller than a Broselow Tape (146.5 cm), and meets one or more of the major trauma triage criteria.~~

POLICY:

I. Prehospital personnel shall assess all patients suffering acute injury or suspected acute injury using the trauma triage criteria established in this policy and shall document the findings of such an assessment on the patient care record.

~~II. In order to prevent under triage prehospital personnel should approach assessing patients sustaining a significant mechanism of injury assuming the patients meet major trauma triage criteria unless proven otherwise by a thorough assessment.~~

~~III.~~II. Major Trauma Triage Criteria:

A. Physiologic :

1. Glasgow coma scale (GCS) less than 13.
2. ~~Systolic blood pressure of less than~~Systolic blood pressure (SBP) or heart rate (HR) abnormalities:
   a. Age 0 - 9 with SBP < 70 + (2 x age in years).
   b. Age 10 - 64 with SBP < 90 or HR > SBP.
   ~~a.~~c. Age ≥ 65 with SBP < 110 or HR > SBP.
   ~~b. 90 for age 14 and older.~~
   ~~c. 80 for age 7 to 14 years.~~
   ~~d. 70 for age 1 to 6 years.~~

~~2.~~ Respiratory rate <10 or >29 (<20 in infant less than ~~<~~ one year).

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B. Anatomic:

1. Penetrating injuries to the head, neck, ~~chest, abdomen~~torso, and proximal to the elbow or knee.
2. Flail chest or chest wall instability, deformity, or pain preventing assessment.
3. Two or more long bone fractures (humerus or femur).
4. Extremity injury:
   a. Crushed, degloved, ~~or~~ mangled extremity, pulseless extremity with deformity; or,
   ~~a.~~b. Injury with loss of distal circulation or numbness, or tingling.~~.~~
4.5. Amputation proximal to wrist or ankle.
5.6. Suspected Pelvic fracture.
6.7. ~~Open or depressed skull fracture~~Skull deformity or suspected skull fracture.
~~7.~~ Traumatic paralysis~~.~~
8. or any patient requiring spinal motion restriction (SMR) with a neurologic complaint or with neurologic findings on examination. ~~Any extremity injury with loss of distal circulation or numbness, tingling, or inability to move extremity.~~
8.9. Partial or full thickness thermal, chemical, or electrical burns greater than 9% total body surface.
9.10. Inhalation burns.
~~10.~~ Chest or abdominal pain with signs of contusion following motor vehicle collision.
11. ~~Any patient requiring spinal motion restriction (SMR) with a neurologic complaint or with neurologic findings on examination.~~
12. Any patient with a tourniquet or hemostatic dressing applied.

C. Mechanism of Injury

~~13.~~1. Reported or known loss of consciousness at any time following mech~~:~~anism of injury with significant impact.
~~14.~~2. Auto versus pedestrian or bicyclist with the patient being:
   a. Run over.
   b. Thrown a significant distance.
   c. With significant impact.
~~15.~~3. Falls:
   a. Adult height greater than ~~20~~ 10 feet.
   b. Adult height less than ~~20~~ 10 feet with:
      i. Altered baseline mental status; or
      ii. Anticoagulant therapy/bleeding disorder when alteration to baseline mentation is present.

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c. Pediatric height greater than 10 feet or twice the height of the child.

~~16.~~4. High risk vehicle collision with significant impact:
   a. Interior passenger compartment intrusion (including roof) greater than ~~18~~ 12 inches occupant site or 18 inches any ~~;~~site.
   b. Ejection (partial or complete~~);~~).
   c. Death in same passenger compartment.

~~17.~~5. ~~Any motorcycle, bicycle, or similar mechanism of injury with~~Rider separated from transport vehicle (i.e., ATV, horse, motorcycle, scooter, etc.) with significant impact: ~~:~~
   a. Impact greater than 20 mph; or
   b. Long bone fracture.
   ~~c. Reported or known loss of consciousness at any time following mechanism of injury.~~

~~C.~~D. Pregnancy greater than or equal to 20 weeks gestation with a mechanism of injury involving:
   1. Falls greater than standing height.
   2. Motor vehicle collision.
   ~~3. Any source of blunt force trauma to abdomen.~~
   ~~4.~~3.

~~D.~~E. Paramedic judgment: Paramedics may use their judgment to classify a patient not meeting criteria listed above as a major trauma patient when there is a concern of serious injury.

~~IV.~~III. Multi-casualty Incidents (MCIs):

A. Initial triage:
   1. Prehospital personnel shall use START triage methodology for the initial assessment of patients during a trauma multi-casualty incident (MCI).
   2. Manage all “Immediate” patients as major trauma patients.

B. Secondary triage:
   1. When resources and circumstances allow prehospital personnel shall re-triage patients using the criteria in this policy.
   2. Patients meeting physiologic or anatomic criteria shall be classified as “Immediate” patients.
   3. Patients meeting mechanism of injury or paramedic judgment criteria shall be classified as “Delayed” patients.

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~~This policy supersedes previous policies and memoranda addressing trauma triage.~~

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