

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 7.

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. Major Trauma Triage Criteria:
 - A. Physiologic :
 - 1. Glasgow coma scale (GCS) less than 13.
 - 2. Systolic blood pressure of less than:
 - a. 90 for age 14 and older.
 - b. 80 for age 7 to 14 years.
 - c. 70 for age 1 to 6 years.
 - 3. Respiratory rate <10 or >29 (<20 in infant < one year).
 - B. Anatomic:
 - 1. Penetrating injuries to the head, neck, chest, abdomen, and proximal to the elbow or knee.

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2. Flail chest or chest wall instability, deformity, or pain preventing assessment.
3. Two or more long bone fractures (humerus or femur).
4. Crushed, degloved, or mangled extremity.
5. Amputation proximal to wrist or ankle.
6. Pelvic fracture.
7. Open or depressed skull fracture.
8. Traumatic paralysis.
9. Any extremity injury with loss of distal circulation or numbness, tingling, or inability to move extremity.
10. Partial or full thickness thermal, chemical, or electrical burns greater than 9% total body surface.
11. Inhalation burns.
12. Chest or abdominal pain with signs of contusion following motor vehicle collision.
13. Any patient requiring spinal motion restrictions.
14. Any patient with a tourniquet applied.

C. Mechanism of Injury:

1. Auto versus pedestrian or bicyclist with the patient being:
 - a. Run over.
 - b. Thrown a significant distance.
 - c. With significant impact.
2. Falls:
 - a. Adult height greater than 20 feet.
 - b. Adult height less than 20 feet with:
 - i. Altered baseline mental status; or
 - ii. Anticoagulant therapy; or
 - iii. Bleeding disorder.
 - c. Pediatric height greater than 10 feet or twice the height of the child.
3. High risk vehicle collision with:
 - a. Interior passenger compartment intrusion greater than 18 inches;
 - b. Ejection (partial or complete);
 - c. Death in same passenger compartment.
4. Any motorcycle, bicycle, or similar mechanism of injury with:
 - 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.

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- D. 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. 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.
 3. Manage all "Delayed" patients in an MCI with 10 or fewer total 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.
- V. This policy supersedes previous policies and memoranda addressing trauma triage.

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