

Trauma System Entry and Guidelines – 50.010

I. PATIENT ENTRY:

National Guideline for the Field Triage of Injured Patients

RED CRITERIA

High Risk for Serious Injury

Injury Patterns	Mental Status & Vital Signs
<ul style="list-style-type: none"> ▪ Penetrating injuries to head, neck, torso, and proximal extremities ▪ Skull deformity, suspected skull fracture ▪ Suspected spinal injury with new motor or sensory loss ▪ Chest wall instability, deformity, or suspected flail chest ▪ Suspected pelvic fracture ▪ Suspected fracture of two or more proximal long bones ▪ Crushed, degloved, mangled, or pulseless extremity ▪ Amputation proximal to wrist or ankle ▪ Active bleeding requiring a tourniquet or wound packing with continuous pressure 	<p>All Patients</p> <ul style="list-style-type: none"> ▪ Unable to follow commands (motor GCS < 6) ▪ RR < 10 or > 29 breaths/min ▪ Respiratory distress or need for respiratory support ▪ Room-air pulse oximetry < 90% <p>Age 0-9 years</p> <ul style="list-style-type: none"> ▪ SBP < 70mm Hg + (2 x age years) <p>Age 10-64 years</p> <ul style="list-style-type: none"> ▪ SBP < 90 mmHg or ▪ HR > SBP <p>Age ≥ 65 years</p> <ul style="list-style-type: none"> ▪ SBP < 110 mmHg or ▪ HR > SBP

Patients meeting any one of the above RED criteria should be transported to the highest-level trauma center available within the geographic constraints of the regional trauma system

YELLOW CRITERIA

Moderate Risk for Serious Injury

Mechanism of Injury	EMS Judgment
<ul style="list-style-type: none"> ▪ High-Risk Auto Crash <ul style="list-style-type: none"> - Partial or complete ejection - Significant intrusion (including roof) <ul style="list-style-type: none"> ▪ >12 inches occupant site OR ▪ >18 inches any site OR ▪ Need for extrication for entrapped patient - Death in passenger compartment - Child (Age 0-9) unrestrained or in unsecured child safety seat - Vehicle telemetry data consistent with severe injury ▪ Rider separated from transport vehicle with significant impact (eg, motorcycle, ATV, horse, etc.) ▪ Pedestrian/bicycle rider thrown, run over, or with significant impact ▪ Fall from height > 10 feet (all ages) 	<p>Consider risk factors, including:</p> <ul style="list-style-type: none"> ▪ Low-level falls in young children (age ≤ 5 years) or older adults (age ≥ 65 years) with significant head impact ▪ Anticoagulant use ▪ Suspicion of child abuse ▪ Special, high-resource healthcare needs ▪ Pregnancy > 20 weeks ▪ Burns in conjunction with trauma ▪ Children should be triaged preferentially to pediatric capable centers <p>If concerned, take to a trauma center</p>

Patients meeting any one of the YELLOW CRITERIA WHO DO NOT MEET RED CRITERIA should be preferentially transported to a trauma center, as available within the geographic constraints of the regional trauma system (need not be the highest-level trauma center)

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II. **MEDICAL DIRECTION:**

- A. Off-line medical direction for trauma patients is controlled by the Treatment Protocols and Procedures section.
- B. OLMC is provided by the receiving hospital. OLMC may override off-line medical direction. Any instances where this occurs will be documented in the pre-hospital care report.

III. **COMMUNICATIONS/HEAR Report:**

- A. The following information will be provided to receiving hospital:
 1. Unit number and Trauma System Entry criteria and vital signs.
For example: “SCMC-B, medic x71 with a trauma system entry based on the following criteria. List specific criteria from box 1 – 4 above and vital signs”
 2. Number of patients.
 3. Age and sex of the patients.
 4. Glasgow Coma Scale.
 5. ETA to Trauma Center.
 6. Patient destination based on incident location or request.

IV. **TRAUMA CENTER DESTINATION:**

- A. **St. Charles Medical Center- Bend** is the only Level 2 in Central Oregon.
- B. **Patients or Guardians Request:** If the alert, competent patient or his/her competent guardian demands transport to a specific hospital, the EMS provider will try to honor that request and notify the receiving hospital immediately.
- C. **Multiple Patients:** Follow ATAB 7 MCI Plan.
- D. **Diversion To Local Hospital:** **If patient goes into traumatic arrest or if the paramedic is unable to establish an airway, the patient should be transported to the nearest acute care facility regardless of the facility diversion status.**

V. **MODE OF TRANSPORT:**

An air ambulance may be used when it would reduce total pre-hospital time by 15 minutes or greater. This is usually achieved whenever the ground transport time will exceed 30 minutes (Scene is > 15 miles from Level 2 hospital, or other circumstances exist).

VI. **PATIENT EVALUATION PROTOCOL:**

- A. Treatment Priority Should Be Approached In This Order:
 1. Airway Maintenance (Including control of the cervical spine).
 2. Breathing.
 3. Control of circulation and hemorrhage.
 4. Treatment of shock.
 5. Neurological examinations.
 6. Complete secondary survey.
 7. Splinting of fractures.

VII. **SCENE TIME:**

After gaining access to the patient, scene time should not exceed ten minutes for any patient who is entering the Trauma System. Plan to start IV/IOs and initiate other care once en-route to the hospital if necessary.