

Policy 626

Trauma Triage

Rev: 2/18

I. Purpose

- A. To establish guidelines for evaluating trauma patients to determine the most appropriate receiving hospital.
- B. Authority for this policy is noted in Division 2.5, California Health and Safety Code, Sections 1797.222, 1798.162, 1798.163 California Code of Regulations Section 100255
- C. References for this policy include:
 - 1. Recommendations of the American College of Surgeons and the Centers for Disease Control, January 13, 2012 issue of the Morbidity and Mortality Weekly Report.
 - 2. Validation of a Pre-hospital Trauma Triage Tool: A 10-Year Perspective. J. Trauma 2008; 65:1253-1257.
 - 3. Guidelines for the Field Triage of Injured Patients: <http://www.cdc.gov/fieldtriage/>

II. Definitions

- A. "PAM" refers to the (P)hysiologic, (A)natomic, and (M)echanism, findings on a trauma patient

III. Policy

- A. All trauma patients will be triaged using the following trauma triage tool. After completing this evaluation, pre-hospital personnel will transport patients in accordance with Policy 625 *Trauma Patient Transport and Hospital Destination*.



PAM Triage Criteria

P: Vital Signs and Level of Consciousness: (P)hysiologic

- Glasgow Coma Scale ≤13
- Systolic Blood Pressure <90 mmHg
- Respiratory Rate <10 or >29 breaths/min or need for ventilatory support (<20 in infant aged <1 year)

A: Anatomy of Injury: (A)natomic

- All penetrating injuries to head, neck, torso, and extremities proximal to elbow or knee
- Chest wall instability or deformity (e.g. flail chest)
- Two or more proximal long-bone fractures
- Crushed, de-gloved, mangled, or pulseless extremity
- Amputation proximal to wrist or ankle
- Pelvic fractures
- Open or depressed skull fracture
- Paralysis

M: Mechanism of Injury and Evidence of High-Energy Impact: (M)echanism

Falls

- Adults: >20 feet (one story is equal to 10 feet)
- Children:>10 feet or two or three times the height of the child

High-risk auto crash

- Intrusion, including roof: >12 inches occupant site; >18 inches any site
- Ejection (partial or complete) from automobile
- Death in same passenger compartment
- Vehicle telemetry data consistent with a high risk of injury

Auto vs. pedestrian/bicyclist

- thrown, run over, or with significant (>20 mph) impact

Motorcycle crash

- >20 mph

S: Special Patient or System Considerations

Older Adults

- Risk of injury/death increases after age 55 years
- SBP <110 may represent shock after age 65
- Low impact mechanisms (e.g., ground level falls) may result in severe injury

Children

- Should be triaged preferentially to pediatric capable trauma centers

Anticoagulants and bleeding disorders

- Patients with head injury are at high risk for rapid deterioration

Burns

- Without other trauma mechanism: triage to burn facility
- With trauma mechanism: triage to trauma center

Pregnancy >20 weeks

EMS provider judgment

David Ghilarducci MD