

## REGION V TRAUMA TRIAGE PROTOCOLS

### Ohio's Definition of Trauma

An injured patient who you think is at significant risk for loss of life or limb, or significant, permanent disfigurement or disability; and the injury is caused by blunt or penetrating injury, exposure to electromagnetic, chemical, or radioactive energy, drowning, suffocation, or strangulation, or a deficit or excess of heat.

**EMS should use the following criteria to help identify patients that fit the above description of a trauma patient**

### Field Trauma Triage Criteria: Physiologic – Adult & Pediatric

Adult – ≥ 16 years	Pediatric – < 16
<p><b>Neuro</b></p> <ul style="list-style-type: none"> <li>• GCS ≤ 13;</li> <li>• LOC &gt; 5 minutes;</li> <li>• Decreasing LOC at the scene/transport;</li> <li>• Failure to localize to pain (motor GCS ≤ 4)</li> </ul> <p><b>Respiratory</b></p> <ul style="list-style-type: none"> <li>• Respiratory rate &lt; 10 or &gt; 29;</li> <li>• Requires endotracheal intubation; BVM; or other invasive airway support</li> <li>• Suspicion of or requires relief of tension pneumothorax;</li> </ul> <p><b>Circulatory</b></p> <ul style="list-style-type: none"> <li>• Pulse &gt; 120 with suspicion of hemorrhagic shock;</li> <li>• SBP &lt; 90 or no radial pulse w/ carotid pulse present with suspicion of hemorrhagic shock</li> </ul>	<p><b>Neuro</b></p> <ul style="list-style-type: none"> <li>• GCS ≤ 13;</li> <li>• LOC &gt; 5 minutes;</li> <li>• Decreasing LOC at the scene/transport;</li> <li>• Failure to localize to pain (motor GCS ≤ 4)</li> </ul> <p><b>Respiratory</b></p> <ul style="list-style-type: none"> <li>• Evidence of respiratory distress or failure: <i>one or more of the following signs</i>; Stridor, Grunting, Retractions, Cyanosis, Hoarseness, Difficulty speaking.</li> <li>• Requires endotracheal intubation; BVM; or other invasive airway support</li> </ul> <p><b>Circulatory</b></p> <ul style="list-style-type: none"> <li>• Evidence of poor perfusion: <i>one or more of the following signs</i>; Weak distal pulse, Pallor, Cyanosis, Delayed capillary refill, Tachycardia.</li> </ul> <p>***All known pregnant trauma patients, regardless of age, should go to an adult trauma center capable of obstetrical care***</p>

### Field Trauma Triage Criteria: ANATOMIC – ALL ages

- Penetrating trauma to the head, neck, or torso;
- Significant, penetrating trauma to extremities proximal to the knee or elbow with evidence of neurovascular compromise;
- Injuries to the head, neck, or torso where the following physical findings are present:
  - (i) Visible crush injury;
  - (ii) Abdominal tenderness, distention, or seat belt sign;
  - (iii) Pelvic fracture;
  - (iv) Flail chest;
- Injuries to the extremities where the following physical findings are present:
  - (i) Amputations proximal to the wrist or ankle;
  - (ii) Visible crush injury;
  - (iii) Fractures of two or more proximal long bones;
  - (iv) Evidence of neurovascular compromise.
- Signs or symptoms of spinal cord injury;
- Second degree or third degree burns greater than ten per cent total body surface area, or other significant burns involving the face, feet, hands, genitalia, or airway.
- Profound environmental hypothermia

#### SOURCES OF FORCES WARRANTING HIGH INDEX OF SUSPICION FOR MAJOR INJURY

When any of these mechanisms of injury are present, the index of suspicion should be heightened and correlated with anatomic and physiologic criteria. The EMT should consider additional mechanisms as identified in training curriculum.

<ul style="list-style-type: none"> <li>❖ <u>Fatality in same vehicle</u></li> <li>❖ <u>Ejected OR thrown from vehicle</u></li> <li>❖ <u>Seat belt restraint use and high impact collision</u></li> <li>❖ <u>Intrusion of the passenger compartment &gt; 12 inches</u></li> </ul>	<ul style="list-style-type: none"> <li>❖ <u>Rollover</u></li> <li>❖ <u>Auto-pedestrian impact &gt; 20 mph OR thrown &gt; 15 ft.</u></li> <li>❖ <u>Motorcycle, ATV, OR bicycle crash with potentially significant injury</u></li> <li>❖ <u>Falls &gt; 20 feet</u></li> </ul>
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Region V EMS Trauma Triage Protocols: Approved by the State EMS Board – June 16, 2004

These protocols supercede OAC 4765-14-01, 4765-14-02, 4765-14-05

EMS Providers should refer to the Ohio Revised Code, §4765.40 and to the Ohio Administrative Code 4765-14 for the full text of the laws and rules regarding trauma triage

<b>PRE-EXISTING CONDITIONS / “COMORBIDS” WARRANTING HIGH INDEX OF SUSPICION FOR MAJOR INJURY</b>	
<ul style="list-style-type: none"> <li>❖ <u>Age &lt; 5 OR &gt; 55 years</u></li> <li>❖ <u>Bleeding Disorder OR use of Anticoagulants</u></li> <li>❖ <u>Cardiac Disease OR Respiratory Disease</u></li> <li>❖ <u>Cirrhosis</u></li> </ul>	<ul style="list-style-type: none"> <li>❖ <u>Immunosuppression</u></li> <li>❖ <u>Insulin-dependent diabetes</u></li> <li>❖ <u>Morbid Obesity</u></li> <li>❖ <u>Pregnancy</u></li> </ul>






### **Exceptions to EMS Field Triage to a Trauma Center**

1. It is medically necessary to transport to another hospital for stabilization
2. It is unsafe or inappropriate due to excessive ground transport time or adverse weather
3. Would cause a shortage of local EMS resources
4. No trauma center is able to accept the patient
5. Patient or guardian requests transport to a specific hospital

### **Aeromedical Utilization Considerations**

1. An unstable patient who requires stabilization of ABCs and time to aeromedical team is shorter than ground time to closest hospital
2. It is necessary to maximize available resources
3. Other considerations should include time to definitive care, capabilities of receiving hospital, patient wishes and family continuity

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