

Region VIII EMS Trauma Triage Protocols

Approved by the State EMS Board - November 20, 2002

Region VIII RPAB Chair - Michael Mackan, MD

{Note that the definitions, physiologic and anatomic criteria are adopted in whole from the state triage protocol without modifications.}

Definitions

- (A) As used in this chapter and section 4765.01 of the Revised Code, "trauma" or "traumatic injury" means severe damage to or destruction of tissue that satisfies both of the following conditions:
- (1) It creates a significant risk of any of the following:
 - (a) Loss of life;
 - (b) Loss of a limb;
 - (c) Significant, permanent disfigurement;
 - (d) Significant, permanent disability; and
 - (2) It is caused by any of the following:
 - (a) Blunt or penetrating injury;
 - (b) Exposure to electromagnetic, chemical, or radioactive energy;
 - (c) Drowning, suffocation, or strangulation;
 - (d) A deficit or excess of heat.
- (B) "Evidence of poor perfusion" means physiologic indicators of hemorrhage or decreased cardiovascular function, which may include any of the following symptoms:
- (1) Weak distal pulse;
 - (2) Pallor;
 - (3) Cyanosis;
 - (4) Delayed capillary refill;
 - (5) Tachycardia.
- (C) "Evidence of respiratory distress or failure" means physiologic indicators of decreased ventilatory function, which may include any of the following symptoms:
- (1) Stridor;
 - (2) Grunting;
 - (3) Retractions;
 - (4) Cyanosis;
 - (5) Hoarseness;
 - (6) Difficulty speaking.
- (D) "Evidence of hemorrhagic shock" means physiologic indicators of blood loss that may include any of the following symptoms:
- (1) Delayed capillary refill;
 - (2) Cool, pale, diaphoretic skin;
 - (3) Decreased systolic blood pressure with narrowing pulse pressure;

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

- (4) Altered level of consciousness.
- (E) "Seatbelt sign" means abdominal or thoracic contusions and abrasions resulting from the use of a seatbelt during a motor vehicle collision.
- (F) "Signs or symptoms of spinal cord injury" means physiologic indicators that the spinal cord is damaged, including, but not limited to, paralysis, weakness, numbness, or tingling of one or more extremities.
- (G) "Evidence of neurovascular compromise" means physiologic indicators of injury to blood vessels or nerves including, but not limited to, pallor, loss of palpable pulses, paralysis, paresthesia, or severe pain.

Determination of a trauma victim.

Emergency medical service personnel shall use the criteria in this rule, consistent with their certification, to evaluate whether an injured person qualifies as an adult trauma victim or pediatric trauma victim, in conjunction with the definition of trauma in section 4765.01 of the Revised Code and this chapter.

- (A) An adult trauma victim is a person sixteen years of age or older exhibiting one or more of the following physiologic or anatomic conditions:
 - (1) Physiologic conditions
 - (a) Glasgow coma scale less than or equal to thirteen;
 - (b) Loss of consciousness greater than five minutes;
 - (c) Deterioration in level of consciousness at the scene or during transport;
 - (d) Failure to localize to pain;
 - (e) Respiratory rate less than ten or greater than twenty-nine;
 - (f) Requires endotracheal intubation;
 - (g) Requires relief of tension pneumothorax;
 - (h) Pulse greater than one hundred twenty in combination with evidence of hemorrhagic shock;
 - (i) Systolic blood pressure less than ninety, or absent radial pulse with carotid pulse present;
 - (2) Anatomic conditions
 - (a) Penetrating trauma to the head, neck, or torso;
 - (b) Significant, penetrating trauma to extremities proximal to the knee or elbow with evidence of neurovascular compromise;
 - (c) 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;
 - (d) 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.
- (e) Signs or symptoms of spinal cord injury;
 - (f) 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.
- (B) A pediatric trauma victim is a person under sixteen years of age exhibiting one or more of the following physiologic or anatomic conditions:
- (1) Physiologic conditions
 - (a) Glasgow coma scale less than or equal to thirteen;
 - (b) Loss of consciousness greater than five minutes;
 - (c) Deterioration in level of consciousness at the scene or during transport;
 - (d) Failure to localize to pain;
 - (e) Evidence of poor perfusion, or evidence of respiratory distress or failure.
 - (2) Anatomic conditions
 - (a) Penetrating trauma to the head, neck, or torso;
 - (b) Significant, penetrating trauma to extremities proximal to the knee or elbow with evidence of neurovascular compromise;
 - (c) 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;
 - (d) 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.
 - (e) Signs or symptoms of spinal cord injury;
 - (f) Second 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.
- (C) Emergency medical service personnel shall also consider mechanism of injury and special considerations, as taught in the EMT-basic, EMT-intermediate, or EMT-paramedic curriculum, when evaluating whether an injured person qualifies as a trauma victim.

Exceptions to mandatory transport .

- (A) Emergency medical service personnel shall transport a trauma victim, as defined in section 4765.01 of the Revised Code and this chapter, directly to an adult or pediatric trauma center that is qualified to provide appropriate adult or pediatric care, unless one or more of the following exceptions apply:
- (1) It is medically necessary to transport the victim to another hospital for initial assessment and stabilization before transfer to an adult or pediatric trauma center;
 - (2) It is unsafe or medically inappropriate to transport the victim directly to an adult or pediatric trauma center due to adverse weather or ground conditions or excessive transport time;
 - (3) Transporting the victim to an adult or pediatric trauma center would cause a shortage of local emergency medical service resources
 - (4) No appropriate adult or pediatric trauma center is able to receive and provide adult or pediatric trauma care to the trauma victim without undue delay;
 - (5) Before transport of a patient begins, the patient requests to be taken to a particular hospital that is not a trauma center or, if the patient is less than eighteen years of age or is not able to communicate, such a request is made by an adult member of the patient's family or a legal representative of the patient