

4765-14-01 **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;

(7) Increasing EtCO₂ levels in well perfused patient.

- (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;
 - (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, paraesthesia, or severe pain.
- (H) "Body region" means a portion of the trauma victim's body divided into the following areas:
- (1) Brain;
 - (2) Head, face, and neck;
 - (3) Chest;
 - (4) Abdomen and pelvis;

(5) Extremities;

(6) Spine.

(I) "Evidence of traumatic brain injury" means signs of external trauma and physiologic indicators that the brain has suffered an injury caused by external force including, but not limited to:

(1) Alteration in level of consciousness from the victim's baseline;

(2) Unequal pupils;

(3) Blurred vision;

(4) Severe or persistent headache;

(5) Nausea or vomiting;

(6) Change in neurological status.

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Five Year Review (FYR) Dates:

Certification

Date

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4765-14-02

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, geriatric 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 between the ages of sixteen and sixty-nine years of age inclusive exhibiting one or more of the following physiologic conditions, anatomic conditions, or cause of injury indicators:

(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) Need for ventilatory support;
- (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 seatbelt 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;
- (g) Open skull fracture;
- (3) Cause of injury indicator provided by vehicle telemetry data consistent with a high risk for injury.

(4) On scene fatality in same vehicle.

- (B) A pediatric trauma victim is a person under sixteen years of age exhibiting one or more of the following physiologic conditions, anatomic conditions, or cause of injury indicators:
- (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;
 - (f) Respiratory rate less than twenty for infants less than one year old;
- (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 seatbelt 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;
 - (g) Open skull fracture;
- (3) Cause of injury indicator provided by vehicle telemetry data consistent with a high risk for injury.

(4) On scene fatality in same vehicle.

(C) A geriatric trauma victim is a person seventy years of age or older exhibiting one or more of the following causes of injury or physiologic conditions, anatomic conditions, or cause of injury indicators:

(1) Physiologic conditions:

- (a) Glasgow coma scale less than or equal to fourteen in a trauma patient with a known or suspected traumatic brain injury;
- (b) Glasgow coma score less than or equal to thirteen;
- (c) Loss of consciousness greater than five minutes;
- (d) Deterioration in level of consciousness at the scene or during transport;
- (e) Failure to localize to pain;
- (f) Respiratory rate less than ten or greater than twenty-nine;
- (g) Need for ventilatory support;
- (h) Requires relief of tension pneumothorax;
- (i) Pulse greater than one hundred twenty in combination with evidence of hemorrhagic shock;
- (j) Systolic blood pressure less than one-hundred, 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 seatbelt 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) Fracture of one proximal long bone sustained as a result of a motor vehicle crash;
 - (iv) Fractures of two or more proximal long bones;
 - (v) 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;
- (g) Injury sustained in two or more body regions;
- (h) Open skull fracture;
- (3) Cause of injury indicators:
 - (a) Pedestrian struck by a motor vehicle;
 - (b) Fall from any height, including standing falls, with evidence of a traumatic brain injury;
 - (c) Vehicle telemetry data consistent with a high risk for injury.

(4) On scene fatality in same vehicle.

- (D) Emergency medical service personnel shall also consider mechanism of injury and special considerations, as taught in the EMT, advanced EMT or paramedic curriculum, when evaluating whether an injured person qualifies as a trauma victim, including but not limited to current use of anticoagulant or anti-platelet medications.

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