

Trauma Triage Tool

Entry criteria for this triage tool is a judgement that the patient may have suffered significant trauma

1. VITAL SIGNS

- Sustained respiratory rate **<10** or **>29***
- Sustained Systolic Blood Pressure **<90mmHg***
- GCS **MOTOR** Score **4 or less**

**Consult JRCALC for expected age specific paediatric thresholds*

No

Yes to any
of these

MTC

Discuss with
Trauma Desk

2. ANATOMY OF INJURY

- Significant chest injury **and** hypoxia
- Major pelvic fracture
- Penetrating injury to head, neck, torso, armpit, gluteal region, or groin
- Open or depressed skull fracture
- Spinal injury with paralysis
- 2 or more humerus or femur fractures
- Open fracture, amputation or mangled extremity proximal to forefoot or wrist

No

Yes to any
of these

MTC

Discuss with
Trauma Desk

3. OTHER CONDITIONS

- Clinician judgement of significant injury
- Significant burns/scalds, circumferential or facial
- Anticoagulants, a death on scene, pregnancy, morbid obesity
- Patients >65 years consider Silver Trauma Safety Net

Yes to any
of these

**Discuss with
Trauma Desk**

for Destination Advice

Trauma Desk Contact Details

ARP Talk Group: unchanged

Emergency Contact: unchanged | Hospital Line: unchanged

Supporting Notes

1. Assess and monitor vital signs

GCS motor score of less than 5 = best obtainable GCS motor response of withdrawing from pain or worse (i.e. not responding to motor commands and not localising to pain).

2. Assess anatomy of injuries

Chest injury: Examples of significant chest injury include: chest wall deformity/instability, flail segment, crepitus, surgical emphysema, suspected open or closed pneumothorax, suspected haemothorax, severe pain requiring morphine AND new oxygen requirement: new drop in saturations on room air to <94% [<88% if COPD].

Major pelvic fracture: mechanism of injury and clinical findings are suggestive of a pelvic fracture (for example: inability to straight-leg lift) AND any of: clinical signs of shock, pelvis deformity/instability, severe pelvic pain, pelvic injury with PU/PR/PV bleeding, or scrotal haematoma.

Open or depressed skull fracture: Open skull fracture = visible skull fracture or intracranial contents; not extensive scalp wound or visualised skull alone. Depressed skull fracture = obvious skull deformity or palpable discrepancy in skull contour; not boggy swelling alone.

Spinal injury with paralysis: Paraplegia, tetraplegia, or limb paralysis; not isolated paraesthesia

2 or more proximal long bone fractures: 2 or more fractures of shafts of humerus or femur. Excludes: neck of humerus, neck of femur; shoulder, elbow, knee, and injuries distal to the elbow and knee.

Amputation or mangled extremity proximal to ankle or wrist: Traumatic limb amputation at level of wrist/ankle, or more proximally. Contact Trauma Desk for advice on specialist trauma pathways for partial hand, partial foot, finger, thumb, or toe amputations.

Open fracture proximal to fore-foot/wrist: Open fractures of upper or lower limb proximal to wrist/forefoot with: bone protruding out of skin, greater than credit card sized skin defect, or highly contaminated. Excludes wrist, hand, fingers, forefoot, toes. Contact Trauma Desk for advice on specialist trauma pathways.

3. Assess other circumstances

Burns or scalds >10% Total Body Surface Area (5% child) or 2% full thickness burns (1% child); Circumferential burns; Facial burns: Partial or full thickness burns; Excludes superficial burns/erythema. **Contact Trauma Desk for advice on availability of burns capability, this may not always be the closest Major Trauma Centre.**

Clinical judgement is valued and important – discuss with Trauma Desk if you feel your patient would benefit from Major Trauma Centre care i.e. patients taking anticoagulants, pregnancy, morbid obesity, significant injury or death in same incident, high energy mechanism

Patients >65 years consider Silver Trauma Safety Net – Discuss with Trauma Desk.

Is bypass appropriate? Consider the below circumstances and discuss with Trauma Desk

Severe Frailty | Advanced Directives | Palliative or End of Life | Hangings | Drownings

A
Age

T
Injury Time

M
Mechanism

I
Injuries

S
Vital Signs

T
Treatment

ETA in 24
hr clock