Statewide Trauma Field Triage Criteria and Point of Entry Plan for Adult and Pediatric Patients

Early notification of the receiving facility, even from the scene, will enhance patient care.

Preconfigured response initiated/appropriate pre-arrival instructions given based on Local EMD

Perform Primary Survey

1) Does the patient have:

- Uncontrolled airway?
- Cardiopulmonary arrest?

Yes → **IMMEDIATELY LIFE THREATENING** → **Transport immediately to nearest hospital**

NO ↓

2) Does the patient have:

Physiologic Criteria:

- Glasgow Coma Scale <14
- Respiratory rate < 10 or > 29 or respiratory rate out of range for age?
- Systolic Blood Pressure < 90 mmHg or < 70-90 in pediatrics

Anatomic Criteria:

- Flail Chest?
- Open or depressed skull fractures?
- Penetrating trauma to head, neck, torso, or extremities proximal to elbow and knee?
- Crushed, degloved or mangled extremity
- Pelvic fractures (excluding simple fractures)
- Paralysis
- 2 or more proximal long bone fractures, or any open proximal long bone fracture?
- Amputations proximal to wrist or ankle

Yes → **CRITICAL TRAUMA** → **Transport to:**

-A Level I, II or III Trauma Center or Pediatric Trauma Center**. These patients should be transported preferentially to the highest level of care within the trauma system in accordance with DPH-approved Regional Point of Entry Plan.

- For prolonged transport times, consider activating the appropriate air ambulance service.

For patients being transported by air ambulance, transport to a level 1 trauma center with helipad facilities.

** MDPH-designated, or ACS-verified if out-of-state

NO ↓

3) Mechanism-of -Injury Criteria:

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 crashes.
  - Death in same passenger compartment
  - Intrusion > 12 inches occupant site, >18 inches any site
  - Ejection (partial or complete) from vehicle
  - Vehicle telemetry data consistent with high risk of injury
- Auto vs. pedestrian/bicycle thrown/run over or with significant (>20 mph) impact
- Motorcycle crash > 20 mph

Yes → Transport to closest appropriate Trauma Center** which may not be the highest level Trauma Center**

NO ↓

4) Assess special patient or systems considerations

Age:

- Older adults (aged > 55 years)
- Children should be triaged to pediatric trauma centers per Regional Point of Entry Protocols

Anticoagulation and bleeding disorders

Burns:

- Without other trauma mechanism to burn facility
- With traumatic mechanism to Trauma Center

Time sensitive extremity injury

End stage renal disease requiring dialysis

Pregnancy > 20 weeks

EMS provider judgment

Yes → EMS providers are encouraged to contact medical control for direction of trauma patients as needed.

Contact medical control and consider transport to a Trauma Center or specific resource hospital**

NO → **Transport to closest appropriate hospital.**

Effective: September 1, 2011