

11-0103 – Trauma Triage and Activation Policy

AUTHORITY:

Health and Safety Code Division 2.5, California Code of Regulations, Title 22, Division 9, Chapter 7

PURPOSE:

To establish trauma patient triage criteria and set a minimum activation levels for the care of the trauma patients in the Nor-Cal EMS region.

POLICY:

1. When the Base Hospital deems it necessary to transport a patient to the “nearest” Receiving Facility for stabilization, it is **IMPERATIVE** for healthcare providers to understand that Critical Trauma Patient is a surgical emergency and requires early definitive care.
2. Trauma Triage Criterion are based upon recommendations of the American College of Surgeons and has been refined based on our local data and patient outcomes.
3. The entire trauma system is driven by the tenet that severely injured trauma patients should be triaged to the closest appropriate trauma facility.

TRAUMA TRIAGE CATEGORIES AND CRITERIA:

1. STEP ONE - PHYSIOLOGIC STATUS:

- a. GCS less than 14 or LOC of greater than 5 min, or LOC with deteriorating GCS.
- b. Adult: Systolic Blood Pressure less than 90mmHg,
- c. Pediatric:
 - Less than 80 mmHg (7 to 14 yrs of age)
 - Less than 70 mmHg (under 7 yrs of age)
- d. Respiratory rate less than 10/minute or greater than 29/minute, sustained; or less than 20/minute in an infant less than 1 year of age.

2. STEP TWO - ANATOMIC FACTORS:

- a. All penetrating injuries to head, neck, torso, and extremities proximal to elbow and knee
- b. Flail chest
- c. Two or more PROXIMAL long-bone fractures (humerus & femur)
- d. Crushed, degloved, or mangled extremity
- e. Amputation proximal to wrist and ankle
- f. Pelvic fractures
- g. Open or depressed skull fracture
- h. Trauma with second or third degree burns with greater than 15% Body Surface Area, any facial or airway
- i. Traumatic paralysis

3. STEP THREE - MECHANISM OF INJURY:

- a. Ejected or launched from an animal (e.g., horse, bull, etc.)
- b. Ejected from an unenclosed motorized vehicle (e.g., motorcycle, personal watercraft or snowmobile, etc.) traveling greater than 20 mph.
- c. High risk auto crash:
 - Intrusion: greater than 12 inches, occupant site; greater than 18 inches intrusion, any site.
 - Ejection (partial or complete) from automobile
 - Death in same passenger compartment
 - Extrication time greater than 20 minutes
 - Rollover without a seatbelt
- d. Falls:
 - Adults: greater than 20 feet; (1 story = 10 ft.)

- Pediatrics: falls greater than 10 feet or 2 to 3 times the height of the child
- e. Auto vs. pedestrian / bicyclist thrown, run over, or with significant (greater than 20mph) impact.

4. STEP FOUR - AGE &/OR COMORBIDITIES/SYSTEM CONSIDERATIONS:

- a. Age and/or Co-Morbidity Factors:
 - Age 5 years or younger and difficult to evaluate or age greater than 55 years
 - Anticoagulation and bleeding disorders
 - End-stage renal disease requiring dialysis
 - Pregnancy greater than 20 weeks
 - Morbid Obesity
- b. System Considerations:
 - EMS Provider Judgment
 - Burns without other trauma mechanism: triage to burn facility
 - Time sensitive extremity injury

PATIENT DESTINATION DECISIONS:

Guidelines for the trauma patient destination decision are outlined in the Miscellaneous Patient Care Policy #[17-0107 Patient Destination Policy](#). Physicians at Trauma Centers and Receiving Facilities in the Nor-Cal EMS region, shall base destination decisions on this policy.

TEAM NOTIFICATION:

The Trauma Center shall make all necessary Emergency Department Trauma Resuscitation Team and (if applicable) Trauma Team notifications, including the trauma surgeon, if not greater than three (3) minutes from the initial trauma alert from prehospital personnel.

Trauma Alert → Trauma Activation (Resuscitation and/or Trauma Team Notification) less than three (3) minutes

TRAUMA TEAM CONFIGURATIONS:

1. A ED Trauma Resuscitation Team:
 - a. Includes the following team members:
 - A Qualified Specialist (ED physician)
 - Emergency Department nurses
 - Scribe
 - Laboratory technician
 - Radiology technologist
 - b. May include the following team members:
 - Respiratory Therapy
 - Critical care nurse(s)
 - Security officers
 - Chaplain or social worker
2. A Trauma Team (if applicable at the Trauma Center) includes the following team members:
 - a. General Surgeon
 - b. Anesthesiologist (CRNA if waiver has been approved at the State)
 - c. Operating Room Staff

MINIMUM ACTIVATION CRITERIA:

1. Tier I Activation:
 - a. A Tier I Activation shall be called for patients meeting the definition of Critical Trauma Patient.
 - A Critical Trauma Patient is defined as a patient meeting on of the following Trauma Triage Categories:
 - (1) Physiologic Status

(2) Anatomical Factors

- A patient who meets the definition above and is transferred to the same or higher level trauma center **and did not receive an evaluation** by a trauma surgeon at the sending Receiving Facility.

2. Tier II Activation:

- a. At a minimum, **shall be activated** for patients meeting one of the following Trauma Triage Categories:

- Mechanism of Injury coupled with Age and/or Co-Morbidity Factors
- Mechanism of Injury

- b. **May be activated** at a Level III or Level IV Trauma Center for a Critical Trauma Patient **when the predetermined plan** for care is **immediate** stabilization and transfer out to higher level Trauma Center or Specialty Center.

- c. **May be activated** for trauma patients who have been transferred in from another Trauma Center and already received a surgical evaluation from a trauma surgeon at the sending facility.

3. Physician discretion to activate or not activate the Trauma Team, when the patient meets one of the following Trauma Triage Criteria categories:

- a. Age and or Co-Morbidity Factors
- b. System Considerations

EMERGENCY DEPARTMENT ONLY PATIENT:

1. This occurs when the patient was not identified as meeting Trauma Triage Criteria and no specific response was initiated. This level of care is **only** considered appropriate when the physician did not activate a Trauma Team for a trauma patient who **ONLY** met either Age &/or Co-Morbidity Factors or System Considerations. The physician plan of action shall be documented in the chart.
2. After an initial assessment, the Emergency Department Physician may decide to downgrade a Trauma Team Activation to an Emergency Department **ONLY** Patient. This decision shall be documented in the patient chart; otherwise it will be considered a failure to activate.

ASSOCIATED POLICIES:

This policy is incorporated in [03-0501 BLS Trauma Triage Decision Scheme](#), [04-0501 ALS Trauma Triage Decision Scheme](#), [17-0107 Patient Destination Policy](#), and the individual [Trauma Center Requirement](#) policies.