

	4202	Minimum Facility Trauma Activation Guidelines
Nor-Cal EMS Policy & Procedure Manual	TRAUMA CARE SYSTEM	
Effective Date: 6/29/2021	Next Revision: 6/30/2021	
Approval:	SIGNATURE ON FILE	

AUTHORITY:

California Health and Safety Code, Division 2.5; Chapter 6, Article 2.5, § 1798.160, California Code of Regulations, Title 22, Division 9, Chapter 7.

PURPOSE:

To provide minimum trauma activation guidelines for facility protocol development in anticipation of the care needs of prehospital trauma victims.

CONSIDERATIONS:

Patients meeting limited or full trauma activation criteria require expeditious transport to an appropriate facility. Scene responsibilities are limited to triage, assessment, and significant threats to life (ie, airway and breathing management and control of external hemorrhage), and prompt alert. Facilities and trauma centers should anticipate all treatment needs and assign appropriate trauma activations based on the prehospital reporting and plan accordingly based on the resources available to them. Upon patient arrival, facilities must have an efficient plan to promptly stabilize and address care needs based on the resources available to them. Prompt recognition of patient needs in excess of facility resources requiring transfer must be identified as early as possible (*see NOR-CAL EMS policy 11-0104, Trauma Patient Interfacility Transfer and American College of Rural Trauma Team Development Course Guidelines*).

NOTE:

This policy does not provide facility ambulance diversion guidance. Prehospital personnel must use clinical judgment in coordination with a receiving facility in destination determination, per *NOR-CAL EMS policy 05-0503, Trauma Destination Decision*. Factors, such as patient presentation, stability, resource availability, and transport timeframes, require joint consideration with the patients immediate needs taking priority.

MINIMUM CRITERIA:

FULL Trauma Team Criteria <i>(Persons who sustain injury with any of the following)</i>			LIMITED Trauma Team Criteria <i>(Persons who sustain injury with any of the following)</i>
PRIMARY SURVEY: PHYSIOLOGIC			MECHANISM OF INJURY
Airway	<ul style="list-style-type: none"> Unable to adequately ventilate Intubated or assisted ventilation 	<ul style="list-style-type: none"> Unable to adequately ventilate Intubated or assisted ventilation 	<ul style="list-style-type: none"> Falls: >20 ft; child >10 or 3x height Head trauma or fall from any height if anti coagulated adult. High-risk auto crash with <ul style="list-style-type: none"> Intrusion of vehicle >12" in occupant compartment; >18" in other site. Ejection (partial or complete) from automobile Death in same passenger compartment Auto vs pedestrian/cyclist thrown, run over, or with significant (>20 mph) impact Motorcycle crash >20mph High-energy dissipation or rapid decelerating incidents for example: <ul style="list-style-type: none"> Ejection from motorcycle object with momentum Striking fixed object with head Blast or explosion High-energy electrical injury Burns >10% TBSA (2nd or 3rd degree) and/or inhalation injury Suspicion of hypothermia, drowning, hanging Suspected non-accidental trauma EMS provider judgment Blunt abdominal injury with firm or distended abdomen or with seatbelt sign
Breathing	<ul style="list-style-type: none"> Respiratory rate <10 or >29 per min 	<ul style="list-style-type: none"> Any sign of respiratory insufficiency (hypoxia, accessory muscle use, grunting) 	
Circulation	<ul style="list-style-type: none"> SBP <90 mmHg 	<ul style="list-style-type: none"> Any abnormal sign (Cap refill >2 sec, BP low for age)** 	
Deficit	<ul style="list-style-type: none"> GCS motor score ≤5, GCS ≤13 	AVPU: Responsive to pain or unresponsive.	
CONSIDERATIONS:			
<ul style="list-style-type: none"> Deterioration of previously stable patient Incoming transfers requiring blood transfusions 			
SECONDARY SURVEY: ANATOMIC			
<ul style="list-style-type: none"> Penetrating injuries to the head, neck, torso, or extremities Open or depressed skull fracture Paralysis or suspected spinal cord injury Flail chest Unstable pelvic fracture Amputation proximal to the wrist or ankle Two (2) or more long bone fractures (humerus or femur) Crushed, degloved, or mangled extremity 			
Circulation Reference			
Age		Systolic Blood Pressure (mmHg)	
>1 year		<60	
1-10 years		<70+2x age (minimum)	
> 10 years		<90	