

**OUT OF HOSPITAL TRAUMA TRIAGE DESTINATION DECISION PROTOCOL-ADULT**

The following criteria shall be utilized to assist the EMS provider in the identification of time critical injuries, method of transport and trauma care facility resources necessary for treatment of those injuries

**Step 1 - Assess for Time Critical Injuries: Level of Consciousness & Vital Signs**

Glasgow Coma Score  $\leq 13$   
 Respiratory rate  $<10$  or  $>29$  breaths per minute, or need for ventilatory support.  
 Systolic B/P (mmHg) less than  $<90$  mmHg

If ground transport time to a Resource (Level I) or Regional (Level II) Trauma Care Facility is less than 30 minutes, transport to the nearest Resource (Level I) or Regional (Level II) Trauma Care Facility. If greater than 30 minutes, ground transport time to Resource (Level I) or Regional (Level II) Trauma Care Facility, transport to the nearest appropriate Trauma Care Facility. If time can be saved or level of care needs exist, tier with ground or air ALS service program

**If step 1 does not apply, move on to step 2**

**Step 2 - Assess for Anatomy of an Injury**

All penetrating injuries to head, neck, torso and extremities proximal to elbow or knee	
Chest wall instability or deformity (e.g., flail chest)	
Suspected two or more proximal long-bone fractures	Suspected pelvic fractures
Crushed, degloved, mangled, or pulseless extremity	Open or depressed skull fracture
Amputation proximal to wrist or ankle	Paralysis or Parasthesia
Partial or full thickness burns $> 10\%$ TBSA or involving face/airway	

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**If step 2 does not apply, move on to step 3**

**Step 3 - Consider Mechanism of Injury & High Energy Transfer**

Falls	
—Adult: $> 20$ ft. (one story is equal to 10 feet)	Auto vs. pedestrian/bicyclist thrown, run over,
High-risk auto crash	or with significant ( $>20$ mph) impact
— Interior compartment intrusion, including roof:	Motorcycle crash $>20$ mph
$>12$ inches occupant site; $>18$ inches any site	
— Ejection (partial or complete) from automobile	
— Death in same passenger compartment	
— Vehicle telemetry data consistent with high risk of injury	

Transport to the nearest appropriate Trauma Care Facility, need not be the highest level trauma care facility.

**If step 3 does not apply, move on to step 4**

**Step 4 - Consider risk factors:**

Older adults	
— Risk of injury/death increases after age 55 years	Pregnancy $> 20$ weeks
— SBP $<110$ might represent shock after age 65 years	EMS provider judgment
— Low impact mechanisms (e.g. ground level falls) might result in severe injury	ETOH/Drug use

Anticoagulants and bleeding disorders  
 — Patients with head injury are at high risk for rapid deterioration  
 Transport to the nearest appropriate Trauma Care Facility, need not be the highest level trauma care facility.

**If none of the criteria in the above 4 steps are met, follow local protocol for patient disposition. When in doubt, transport to nearest trauma care facility for evaluation.**

**For all Transported Trauma Patients:**

- 1. Patient report to include: MOI, Injuries, Vital Signs & GCS, Treatment, Age, Gender and ETA**
- 2. Obtain further orders from medical control as needed.**