Trauma
EMS Triage and Destination Plan

The Purpose of this plan:

- Rapidly perform Primary and Secondary Survey, measure Vital Signs, and assess level of consciousness.
- Rapidly identify injured patient presenting to the 911 system and minimize time from injury to definitive trauma care.
- Rapidly identify life or limb threatening injuries for EMS treatment and stabilization.
- Rapidly identify most appropriate hospital destination based on time from injury, severity of injury, and estimated transport time.
- Provide early activation/ notification to the receiving hospital of a trauma patient prior to EMS arrival.
- Minimize scene time to ≤ 15 minutes from patient extrication.
- Provide quality EMS service and patient care to citizens within the EMS system.
- Continuously evaluate the EMS system based on NCOEMS performance measures.

AIRWAY BREATHING

- SpO_2 < 90%
- Respiratory Rate < 10 or > 29 breaths/minute
- Respiratory distress or need for respiratory support
- Chest wall instability, deformity, or suspected flail segment

CIRCULATION

Age 10 – 64 years:

- SBP < 90mmHg ***or*** HR > SBP

Age 0 – 9 years:

- SBP < 70mmHg + (2 *x* age in years)

Age ≥ 65 years:

- SBP < 110mmHg ***or*** HR > SBP

HEMORRHAGE

- Active bleeding requiring a tourniquet or
  Requiring wound packing and continuous pressure
- Penetrating injuries to:
  Head, neck, chest, back, abdomen
  Above elbows or knees
- Suspected skull fracture/ skull deformity
- Suspected pelvic fracture
- Suspected fracture of ≥ 2 bones above elbows or knees
- Crushed, degloved, mangled, or pulseless extremity
  (or any pulse deficit)

Amputation proximal to wrist or ankle

DISABILITY

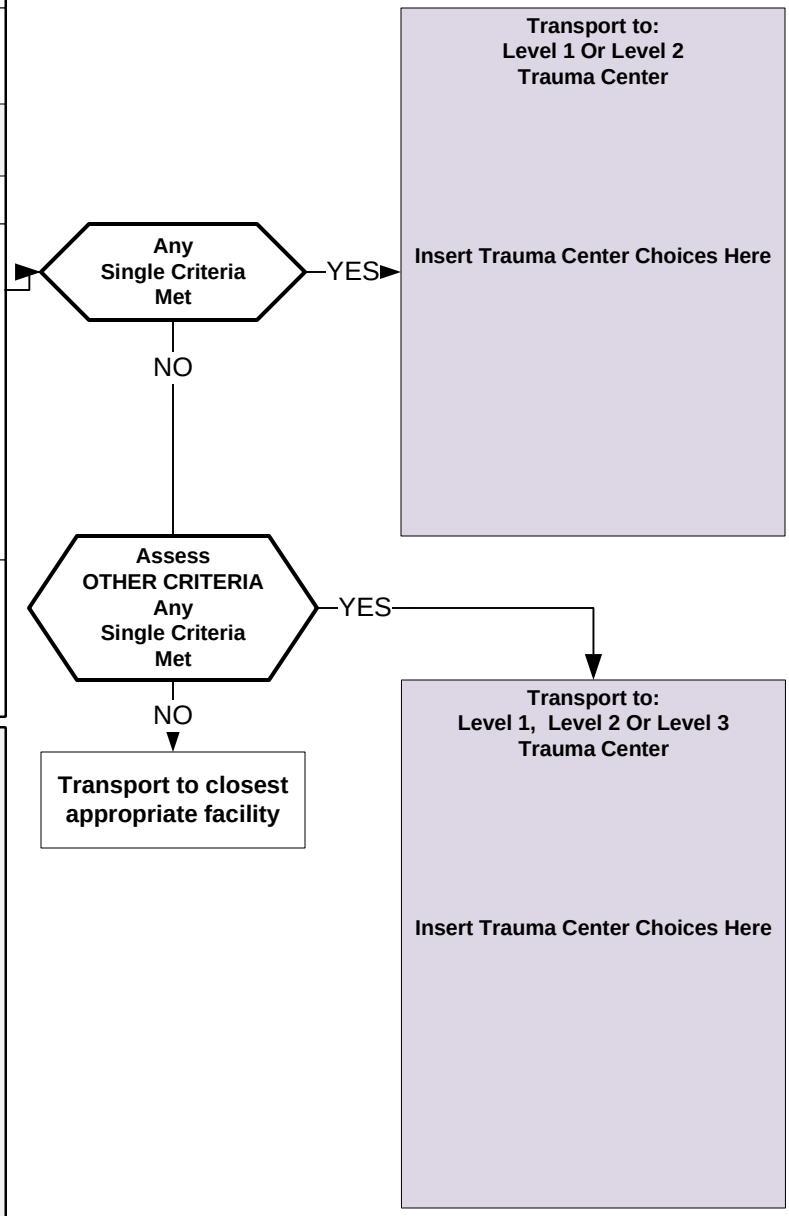
- GCS Motor Component < 6
  (Unable to follow commands)
- Suspected spinal injury with new motor or sensory loss
  (or any motor or sensory deficit)

OTHER CRITERIA

High-Risk MVC:

- Partial or complete ejection
- Significant intrusion into passenger space
  > 12 inches occupant side or > 18 inches any site
  Need for extrication
- Death in passenger compartment
- Vehicle telemetry data consistent with severe injury
- Rider separated from vehicle with significant impact
- Pedestrian/bicycle rider:
  Ejected, run over, or with significant impact
- Pregnancy > 20 weeks
- **≥ 65 years of age**
  Low level falls with significant head impact
- Anticoagulant use
- Medically complex patients at baseline
  (multiple medical problems/ needs special resources)
- **Fall > 10 feet (all ages)**
- **Pediatrics:**
- Triage preferentially to pediatric capable hospitals
- Suspected child abuse
- Falls with significant head impact when ≤ 5 years of age
- Child (0 – 9) improperly restrained or secured

Transport Times to Level 1 or Level 2 Trauma Centers
If > 30 minutes
Transport to closest Level 3 Trauma Center or closest community hospital



Transport Times to Level 1, Level 2, Or Level 3 Trauma Centers
If > 30 minutes
Transport to closest Trauma Center or closest community hospital

Trauma EMS Triage and Destination Plan

Trauma
EMS Triage and Destination Plan

Pearls

- **If unstable airway or unstable hemodynamic condition, may divert transport to closest appropriate facility.**
- **All trauma patients should be triaged and transported using this plan daily.**
- **Patients not meeting RED or YELLOW criteria should be triaged to most appropriate facility in the usual fashion.**
- **Expectation: EMS agency will collaborate with their regional Trauma Center/ TRAC resources to establish point-to-point and inter-facility transport workflows for patient requiring higher level of acute care in consideration of potential EMS system impact and regional approach to trauma care.**
- **Designated Trauma Centers:**
  - **Hospital currently designated or with provisional level status by NCOEMS.**
  - **Level I, II, or III designated centers are recognized.**
  - **Level I and Level II are essentially equivalent in regards to clinical care.**
    - **Level I may have specialty care not available at Level II, such as limb reimplantation or spinal care/ rehabilitation. Where differences occur, a plan should be addressed with input from regional trauma centers and the TRAC, for appropriate destination choices.**
  - **Free standing emergency departments are not considered part of the trauma center.**
- **Burns:**
  - **Isolated burn patients should be triaged to most appropriate, closest facility.**
  - **Burns with other penetrating or blunt trauma should be triaged using this protocol.**
- **Designated Burn Center:**
  - **American Burn Association (ABA) verified Burn Center co-located with a designated Trauma Center.**
- **EMS Transport Times in Destination Decisions:**
  - **EMS transport times should be set based on collaboration with all trauma centers/ TRAC where EMS agency routinely transports in the regional trauma system.**
- **Helicopter EMS (HEMS):**
  - **There is no clear evidence that define strict criteria as to which patients may benefit from HEMS transport.**
  - **There is no clear evidence that define transport time considerations when assessing the need for HEMS transport.**
  - **HEMS service should be incorporated into the regional EMS plan and participate in agency Peer Review.**
  - **HEMS utilization is strictly a medical decision and while life saving, can be very costly to the patient.**
- **Considerations when utilizing HEMS:**
  - **Patients meeting Trauma Triage and Destination RED criteria:**
    - **When transport times are > 30 – 45 minutes from the Trauma Center.**
    - **When geographic distance is > 45 minutes from the Trauma Center.**
    - **When faced with an entangled or entrapped victim, add estimated extrication time to transport time.**
- **Modality of transport in acute trauma depends on multiple factors, but safest and fastest should be considered, whether ground EMS, air medical EMS, or specialty/critical care ground transport.**