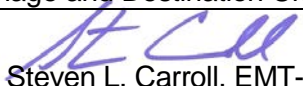



COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Trauma Triage and Destination Criteria		Policy Number: 1405	
APPROVED: Administration:	 Steven L. Carroll, EMT-P	Date: June 1, 2015	
APPROVED: Medical Director:	 Angelo Salvucci, M.D.	Date: June 1, 2015	
Origination Date:	July 1, 2010		
Date Revised:	March 3, 2015	Effective Date: June 1, 2015	
Date Last Reviewed:	March 3, 2015		
Review Date:	March 31, 2017		

- I. **PURPOSE:** To guide out-of-hospital personnel in determining which patients require the services of a designated trauma center. To serve as the EMS system standard for triage and destination of patients suffering acute injury or suspected acute injury.
- II. **AUTHORITY:** Health and Safety Code, §1797.160, §1797.161, and §1798. California Code of Regulations, Title 22, §100252 and §100255.
- III. **POLICY:** These criteria apply to any patient who is injured or has a physical complaint related to trauma, and is assessed by EMS personnel at the scene.
 - A. **Physiologic Criteria, Step 1:**
 1. Glasgow Coma Scale < 14
 2. Systolic blood pressure < 90 mmHg
(< 110 in patients older than 65 years of age)
 3. Respiratory rate < 10 or > 29 breaths per minute
(< 20 in infant younger than 1 year of age)
 - B. **Anatomic Criteria, Step 2:**
 1. Penetrating wounds to the head, neck, torso, or extremities proximal to the elbow or knee
 2. Flail chest
 3. Two or more proximal long bone fractures (femur or humerus)
 4. Crushed, degloved, or mangled extremity
 5. Amputations proximal to wrist or ankle
 6. Pelvic fractures
 7. Open or depressed skull fracture
 8. Paralysis
 - C. **Mechanism of Injury Criteria, Step 3:**
 1. Adults: > 20 feet (one story is equal to 10 feet)
Children < 15 years old: > 10 feet, or two times the height of the child
 2. High-risk auto crash:

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- a. Intrusion: interior measurement > 12 inches patient site; > 18 inches any occupant site
 - b. Ejection: partial or complete from automobile
 - c. Death in same passenger compartment
3. Auto-pedestrian / auto-bicyclist thrown, run over, or with > 20 mph impact
 4. Unenclosed vehicle (e.g. motorcycle, bicycle, skateboard) crash > 20 mph
- D. Other Criteria, Step 4 (these are considerations to be used by the base hospital in determining the appropriate destination hospital):
1. Age > 65 years old
 2. Head injury with loss of consciousness AND on an anticoagulant or antiplatelet drug¹
 3. Burns with trauma mechanism
 4. Time sensitive extremity injury (open fracture, neurovascular compromise)
 5. Pregnancy > 20 weeks with known or suspected abdominal trauma
 6. Prehospital care provider or MICN judgment
 7. Amputation or partial amputation of any part of the hand²
 8. Penetrating injury to the globe of the eye, at risk for vision loss³
- V. PROCEDURE:
- A. Any patient who is suffering from an acute injury or suspected acute injury shall have the trauma triage criteria applied.
 - B. For patients who meet trauma triage criteria listed in Sections A, B, or C above, the closest trauma center is considered to be the base hospital for that patient. Paramedics shall make base hospital contact and provide patient report directly to the trauma center.
 - C. Transportation units (both ground and air) shall transport patients who meet at least one of the trauma triage criteria in Sections A or B to the closest appropriate designated trauma center. If the closest trauma center is on internal disaster, these patients shall be transported to the next closest appropriate trauma center. If the closest trauma center is on CT diversion, the paramedic shall make early base contact and the MICN shall determine the most appropriate destination.
 - D. For patients who meet trauma triage criteria in Section C, the paramedic shall make base hospital contact with the closest designated trauma center. Based on the paramedic's report of the incident and the patient's assessed injuries, the trauma center MICN or ED physician shall direct destination to either the trauma center or the closest appropriate hospital.
 - E. Paramedics providing care for patients who are injured but meet only the trauma triage criteria listed in Section D above will contact the base hospital in whose catchment area the incident occurred. Destination will be determined by the base hospital MICN or ED physician. If the patient is directed other than to the regular catchment base hospital,

the MICN will notify the receiving hospital or trauma center of an inbound patient and relay paramedic report.

- F. A trauma patient without an effective airway may be transported to the closest available hospital with an emergency department for airway management prior to transfer to a designated trauma center. In this rare event, the paramedic will contact the base hospital in whose catchment area the incident occurred.
- G. A patient who does not meet trauma triage criteria and who, in the judgment of a base hospital, has a high probability of requiring immediate surgical intervention or other services of a designated trauma center shall be directed to a designated trauma center.

¹For a complete list of anticoagulant and antiplatelet drugs that should be considered for inclusion criteria in Step 4.2, please consult VC EMSA approved list.

²For patients with isolated traumatic amputations, partial or complete, of any portion of the hand (at or proximal to the DIP joint of any finger or any part of the thumb) ^{see illustration}, as long as bleeding is controlled and the amputated part may be transported with the patient, the regular catchment base hospital MICN may contact Los Robles Hospital and Medical Center (LRHMC) to determine the availability of a hand surgeon trained in microvascular replantation surgery. If a specialty hand surgeon is available at LRHMC and not at the regular catchment hospital, the MICN shall direct the patient to LRHMC.

³For patients with isolated penetrating injury to the globe of the eye, at risk for vision loss, the regular catchment base hospital MICN may direct the patient to Ventura County Medical Center (VCMC) for specialized ophthalmologic care and possible surgical intervention.

Distal Interphalangeal (DIP) Joint

