





Administrative Policy		5301
Effective September 21, 2018		Expires March 31, 2019
Policy: Trauma Triage Indicators and Destination	Approval: Medical Director Reza Vaezazizi, MD	Signed 
Applies To: Trauma System, EMS System	Approval: REMSA Director Bruce Barton	Signed 

PURPOSE

The purpose of this policy is to establish criteria consistent with the American College of Surgeons, Centers for Disease Control standards, and the distinctions of Riverside County to ensure that patients requiring the sophisticated and specialized care of a Trauma Center are appropriately triaged, and transported in the most effective and expeditious manner by the appropriate level of prehospital personnel to the appropriate Trauma Center.

AUTHORITY

[California Health and Safety Code - Division 2.5: Emergency Medical Services \[1797. - 1799.207.\]](#)
[California Code of Regulations, Title 22, Division 9, Chapter 7 Trauma Care Systems](#)

Trauma Triage Indicators and Destination

Destination and Transport:

1. Ground ambulance is the primary means of transport for destinations 30 minutes or less by code 3.
 - a. Adult patients identified as Critical Trauma Patients will be transported to the closest Trauma Center.
 - b. Pediatric patients identified as Critical Trauma Patients should be transported to a Pediatric Trauma Center.
 - c. If the Pediatric Trauma Center is greater than 30 minutes away by ground go to the closest Trauma Center.
 - d. If the closest Trauma Center is greater than 30 minutes by ground code 3 consider HEMS transport.
 - e. If patient destination is questionable, contact the Trauma Base Hospital for destination.
 - f. Trauma Center Diversion-refer to the REMSA Policy for Ambulance Diversion.

2. The patient is identified as a Critical Trauma Patient and presents with the following:
 - a. Unmanageable Airway: If the Critical Trauma Patient’s airway and/or breathing is compromised and the transporting personnel are unable to effectively manage these using BLS or ALS measures, the patient will be transported to the closest Prehospital Receiving Center (PRC).
 - b. Traumatic Full Arrest:
 - i. Make Trauma Base Hospital contact as early as possible.
 1. Adult Blunt Traumatic Arrest:
 - a. If the patient meets the REMSA Treatment Protocol for Do Not Attempt Resuscitation / Discontinue Resuscitation: DO NOT TRANSPORT.
 - b. If the patient is pulseless and apneic with asystole / agonal rhythm / PEA at a rate less than 40: DO NOT TRANSPORT.
 - c. Otherwise, transport to the closest PRC.
 2. Adult Penetrating Traumatic Arrest:
 - a. With a greater than 10-minute ETA difference transport to the closest PRC.
 - b. With a less than 10-minute ETA difference go to the closest Trauma Center.
 - c. A Base Hospital Physician order is required to discontinue resuscitation.
 3. Pediatric Traumatic Arrest:
 - a. A Base Hospital Physician order is required to discontinue resuscitation.
 - c. Burn Patients
 - i. Critical Trauma Patients with burns will be transported to the closest Trauma Center.

- ii. Patients not meeting Critical Trauma Criteria will be transported according to the REMSA Treatment Protocol for Burns.

Considerations

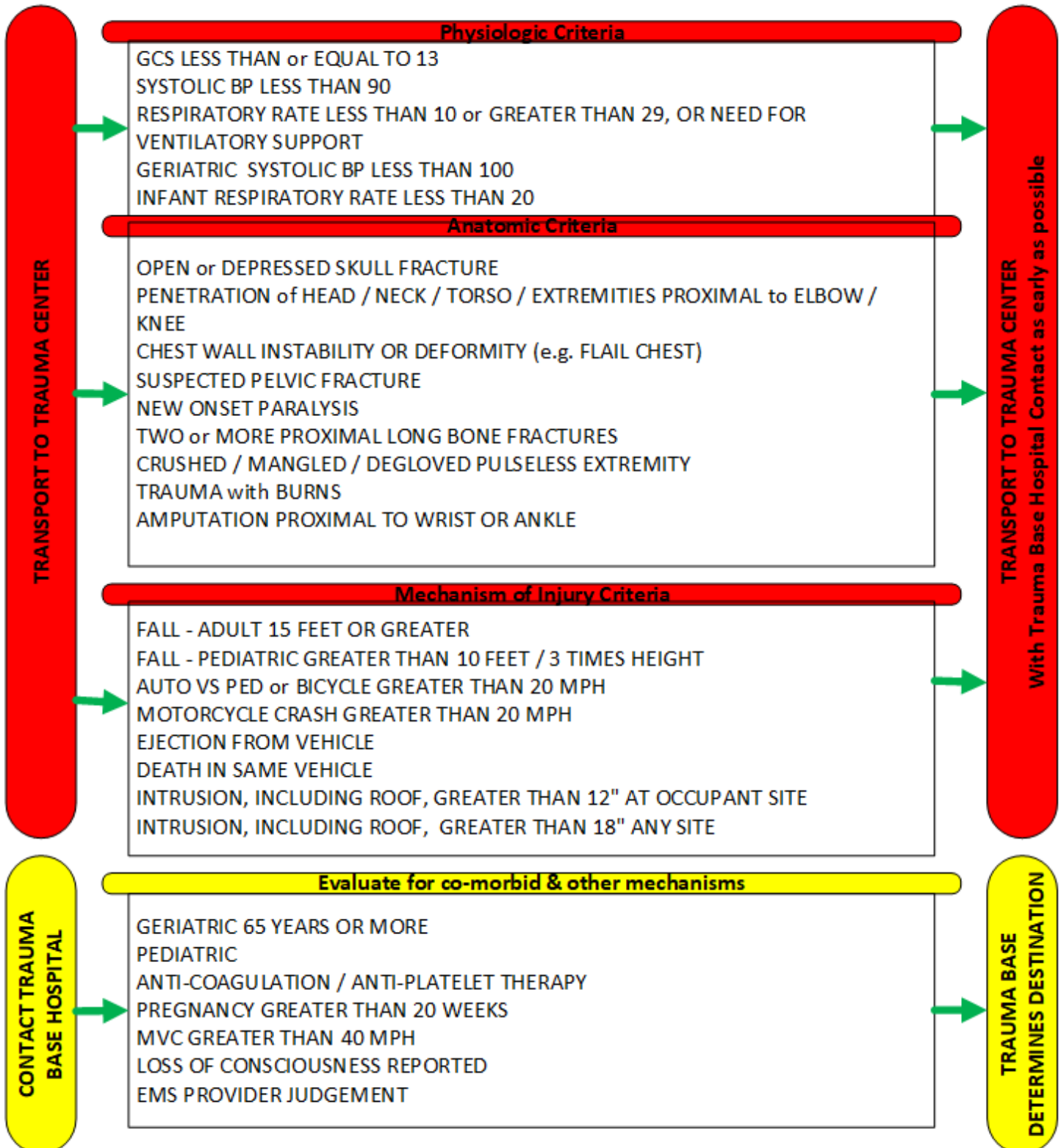
Scene time should be limited to 10 minutes under normal circumstances.

With multiple critical patients, utilize Trauma Base Hospital consultation for destination determination. Refer to the REMSA Policy for Multiple Patient Incident (MPI/MCI) Scene Management.

The Trauma Center must be advised of incoming Critical Trauma Patients as soon as possible in order to allow for timely trauma team activation. Refer to the REMSA Treatment Protocol for the Universal Patient.

Trauma Triage Criteria are on the following page:

Transport patients to the Trauma Center or Pediatric Trauma Center as required by any one of these criteria:



References: ACS-COT Orange Book, 2014; CDC, Guidelines for Field Triage of Injured Patients, 2011