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 Trauma Center.
      2. Adult Penetrating 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 Resuscitate or transport.
         c. If the patient has signs of life, transport time is reasonable, then consider transport to the closest trauma center.
   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:

### Physiologic Criteria
- GCS LESS THAN or EQUAL TO 13
- SYSTOLIC BP LESS THAN 90
- RESPIRATORY RATE LESS THAN 10 or GREATER THAN 29, OR NEED FOR VENTILATORY SUPPORT
- GERIATRIC SYSTOLIC BP LESS THAN 100
- INFANT RESPIRATORY RATE LESS THAN 20

### Anatomic Criteria
- OPEN or DEPRESSED SKULL FRACTURE
- PENETRATION of HEAD / NECK / TORSO / EXTREMITIES PROXIMAL to ELBOW / KNEE
- CHEST WALL INSTABILITY OR DEFORMITY (e.g. FLAIL CHEST)
- SUSPECTED PELVIC FRACTURE
- NEW ONSET PARALYSIS
- TWO or MORE PROXIMAL LONG BONE FRACTURES
- CRUSHED / MANGLED / DEGLOVED PULSELESS EXTREMITY
- TRAUMA with BURNS
- AMPUTATION PROXIMAL TO WRIST OR ANKLE

### Mechanism of Injury Criteria
- FALL - ADULT 15 FEET OR GREATER
- FALL - PEDIATRIC GREATER THAN 10 FEET / 3 TIMES HEIGHT
- AUTO VS PED or BICYCLE GREATER THAN 20 MPH
- MOTORCYCLE CRASH GREATER THAN 20 MPH
- EJECTION FROM VEHICLE
- DEATH IN SAME VEHICLE
- INTRUSION, INCLUDING ROOF, GREATER THAN 12" AT OCCUPANT SITE
- INTRUSION, INCLUDING ROOF, GREATER THAN 18" ANY SITE

### Evaluate for co-morbid & other mechanisms
- GERIATRIC 65 YEARS OR MORE
- PEDIATRIC
- ANTI-COAGULATION / ANTI-PLATELET THERAPY
- PREGNANCY GREATER THAN 20 WEEKS
- MVC GREATER THAN 40 MPH
- LOSS OF CONSCIOUSNESS REPORTED
- EMS PROVIDER JUDGEMENT

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