

SAN FRANCISCO EMERGENCY MEDICAL SERVICES AGENCY

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TRAUMA TRIAGE CRITERIA – EMSAC May 2023

I. PURPOSE

To identify patients meeting trauma criteria including those requiring base hospital contact before transport to the San Francisco General Hospital.

II. CRITERIA FOR TRANSPORT TO TRAUMA CENTER

Patients meeting one or more of the following in any category shall be transported to the trauma center:

A. Physiologic Criteria

1. Glasgow Coma Motor Score < 6 (unable to follow commands)
2. Systolic blood pressure:
 - Age 0 – 9: < 70 + 2x age (years)
 - Age 10 – 64: < 90 or HR > SBP
 - Age 65+: < 110 or HR > SBP
3. Respiratory rate for adult is < 10 or > 29 per minute
4. Room air SpO₂ < 90%
5. Respiratory distress or need for respiratory support
6. Pregnancy > 20 weeks with any pregnancy related complaints and/or abdominal trauma

B. Anatomic Criteria

1. All gunshot wounds
2. All penetrating injuries to head, neck, torso and extremities
3. All blunt trauma with suspected significant chest, abdominal or pelvic injury
4. Chest wall instability, deformity, or suspected flail chest
5. All burns or inhalation injuries associated with significant trauma
6. Two or more suspected or confirmed long bone fractures
7. Suspected or confirmed pelvic fractures
8. Limb paralysis.
9. Amputation or near-amputation proximal to wrist or ankle
10. Crushed, degloved, or mangled extremity
11. Open, depressed, or suspected skull fracture
12. Multi-system trauma
13. Active bleeding requiring a tourniquet or wound packing with continuous pressure
14. Suspected spinal injury with new motor or sensory loss

C. Mechanism of Injury

1. Falls (any age) > 10 feet
2. High risk auto crash:
 - a. Evidence of abdominal seat belt sign

- b. Intrusion into passenger compartment (including roof) > 12 inches or > 18 inches on any site
 - c. Ejection from vehicle (partial or complete)
 - d. Death of another passenger in same compartment
 - e. Need for extrication of entrapped patient
 - f. Child 0 – 9 years old unrestrained or in unsecured child safety seat
3. Motorcycle, motorized vehicles, bicycles, skateboard, scooter crash with critical trauma determination to transport emergent, Code 3:
- a. Initial speed > 20 mph OR with major impact
 - b. Separation of rider from transport vehicle while in motion with significant impact
4. Auto-pedestrian or bicycle injury with critical trauma determination to transport emergent, Code 3:
- a. Thrown or run over or significant impact
 - b. Person struck by moving vessel

III. BASE HOSPITAL CONTACT

Consider contacting the Base Hospital to determine whether patients who have not met physiological, anatomic, or mechanism of injury criteria, but have underlying conditions or comorbid factors that place them at a higher risk for injury. These include:

- 1. Low level falls in patients </=5 years and >/=65 with one of the following:
 - a. Anticoagulant use
 - b. GCS < 15-Patients who are not at their neurologic baseline, likely secondary to a related injury
 - a-c. Significant head impact
- 2. Anticoagulants and bleeding disorders
- 3. Prehospital Provider concerns or judgment.
- 4. Suspicion of child abuse
- 5. Motorcycle, motorized vehicles, bicycles, skateboard, scooter crash with non-emergent, Code 2 transport:
 - a. Initial speed > 20 mph OR with major impact
 - b. Separation of rider from transport vehicle while in motion
- 6. Auto-pedestrian or bicycle injury with non-emergent, Code 2 transport:
 - a. Thrown or run over or significant impact
 - b. Person struck by moving vessel

See list of common medications to differentiate between anticoagulant versus anti-platelet agents:

<u>Anticoagulant (contact Base Hospital)</u>	<u>Antiplatelet</u>
<u>Arixtra (fondaparinux)</u>	<u>Aggrenox (aspirin & dipyridamole)</u>
<u>Coumadin (warfarin)</u>	<u>Aspirin (acetylsalicylic acid)</u>
<u>Eliquis (apixaban)</u>	<u>Brillinta (ticagrelor)</u>
<u>Jantoven (warfarin)</u>	<u>Effient (prasugrel)</u>

Lixiana (edoxaban)	Persantine (dipyridamole)
Lovenox (enoxaparin)	Plavix (clopidogrel)
Pradaxa (dabigatran)	Pletal (cilostazole)
Savaysa (edoxaban)	
Xarelto (rivaroxaban)	

IV. AUTHORITY

California Health and Safety Code, 1797.67, 1797.198, and 1797.204, 1798.160

California Code of Regulations Title 22, §100248, 100252, 100255.

American College of Surgeons, National Guideline for the Revised Field Triage of Injured Patients 2021

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