

STATE OF WASHINGTON
PREHOSPITAL TRAUMA TRIAGE (DESTINATION) PROCEDURE

Purpose

The purpose of the Triage Procedure is to ensure that major trauma patients are transported to the most appropriate hospital facility. This procedure has been developed by the Prehospital Technical Advisory Committee (TAC), endorsed by the Governor's EMS and Trauma Care Steering Committee, and in accordance with RCW 70.168 and WAC 246-976 adopted by the Department of Health (DOH).

The procedure is described in the schematic with narrative. Its purpose is to provide the prehospital provider with quick identification of a major trauma victim. If the patient is a major trauma patient, that patient or patients must be taken to the highest level trauma facility within 30 minutes transport time, by either ground or air. To determine whether an injury is major trauma, the prehospital provider shall conduct the patient assessment process according to the trauma triage procedures.

Explanation of Process

- A. **Any certified EMS and Trauma person can identify a major trauma patient and activate the trauma system.** This may include requesting more advanced prehospital services or aero-medical evacuation.
- B. **The first step (1) is to assess the vital signs and level of consciousness.** The words "Altered mental status" mean anyone with an altered neurologic exam ranging from completely unconscious, to someone who responds to painful stimuli only, or a verbal response which is confused, or an abnormal motor response.
- C. The "and/or" conditions in Step 1 mean that any one of the entities listed in Step 1 can activate the trauma system.
- D. Also, the asterisk (*) means that if the airway is in jeopardy and the on-scene person cannot effectively manage the airway, the patient should be taken to the nearest medical facility or consider meeting up with an ALS unit. These factors are true regardless of the assessment of other vital signs and level of consciousness.
- E. **The second step (2) is to assess the anatomy of injury.** The specific injuries noted require activation of the trauma system. Even in the assessment of normal vital signs or normal levels of consciousness, the presence of any of the specific anatomical injuries does require activation of the trauma system.
- F. Please note that steps 1 and 2 also require notifying Medical Control.
- G. **The third step (3) for the prehospital provider is to assess the biomechanics of the injury and address other risk factors.** The conditions identified are reasons for the provider to contact, and **consult with, Medical Control** regarding the need to activate the system. They do not automatically require system activation by the prehospital provider.
- H. Other risk factors, coupled with a "gut feeling" of severe injury, means that Medical Control should be consulted and consideration given to transporting the patient to the nearest trauma facility.
- I. Please note that certain burn patients (in addition to those listed in Step 2) should be considered for immediate transport or referral to a burn center/unit.

Patient Care Procedures

To the right of the attached schematic you will find the words "according to DOH-approved regional patient care procedures. "These procedures are developed by the regional EMS and Trauma

council in conjunction with local councils. They are intended to further define how the system is to operate. They identify the level of medical care personnel who participate in the system, their roles in the system, and participation of hospital facilities in the system. They also address the issue of inter-hospital transfer, by transfer agreements for identification, and transfer of critical care patients.

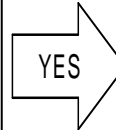
In summary, the Prehospital Trauma Triage Procedure and the Regional Patient Care Procedures are intended to work in a "hand in glove" fashion to effectively address EMS and Trauma patient care needs. By functioning in this manner, these two instruments can effectively reduce morbidity and mortality.

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- Prehospital triage is based on the following 3 steps:
Steps 1 and 2 require prehospital EMS personnel to notify medical control and activate the Trauma System. Activation of the Trauma System in Step 3 is determined by medical control**

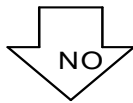
**STEP 1
ASSESS VITAL SIGNS & LEVEL OF CONSCIOUSNESS**

- Systolic BP <90*
- HR >120*
- * for pediatric (<15y) pts. use BP <90 or capillary refill >2 sec.
- * for pediatric (<15y) pts. use HR <60 or >120
- Any of the above vital signs associated with signs and symptoms of shock**
and/or
- Respiratory Rate <10 >29 associated with evidence of distress
and/or
- Altered mental status



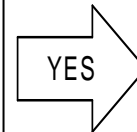
1. Take patient to the highest level trauma center within 30 minutes transport time via ground or air transport according to DOH approved regional patient care procedures.

**If prehospital personnel are unable to effectively manage airway, consider rendezvous with ALS, or intermediate stop at nearest facility capable of immediate definitive airway management.

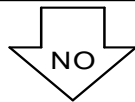


**STEP 2
ASSESS ANATOMY OF INJURY**

- Penetrating injury of head, neck, torso, groin; OR
- Combination of burns \geq 20% or involving face or airway; OR
- Amputation above wrist or ankle; OR
- Spinal cord injury; OR
- Flail chest; OR
- Two or more obvious proximal long bone fractures.

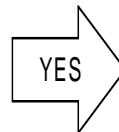


2. Apply "Trauma ID Band" to patient.

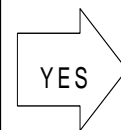


**STEP 3
ASSESS BIOMECHANICS OF INJURY AND
OTHER RISK FACTORS**

- Death of same vehicle occupant; OR
- Ejection of patient from enclosed vehicle; OR
- Falls \geq 20 feet; OR
- Pedestrian hit at \geq 20 mph or thrown 15 feet
- High energy transfer situation
Rollover
Motorcycle, ATV, bicycle accident
Extrication time of > 20 minutes
- Extremes of age <15 >60
- Hostile environment (extremes of heat or cold)
- Medical illness (such as COPD, CHF, renal failure etc.)
- Second/third trimester pregnancy
- Gut feeling of EMT

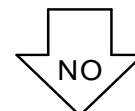
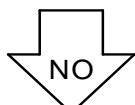


CONTACT MEDICAL
CONTROL FOR
DESTINATION
DECISION



1. Take patient to the highest level trauma center within 30 minutes transport time via ground or air transport according to DOH approved regional patient care procedures.

2. Apply "Trauma ID Band" to patient



TRANSPORT PATIENT PER REGIONAL PATIENT CARE PROCEDURES