

ADULT PRE-HOSPITAL TRIAGE AND TRANSPORT GUIDELINES

Oklahoma Model Trauma Triage Algorithm

- Inability To Secure Airway
- Traumatic Arrest

YES

Go Directly to Nearest
Appropriate Facility

PRIORITY 1

Physiological Compromise Criteria

- Hemodynamic Compromise¹-Systolic BP < 90mmHg
Or signs that should be considered include:
 - Sustained tachycardia
 - Cool diaphoretic skin
- Respiratory Compromise²- RR < 10 or > 29 breaths/minute or < 20 in infant < 1 yr
- Altered Mentation of trauma etiology³- GCS < 14

YES

Initiate Trauma Treatment Protocol Activate Trauma System

RAPID transport to the designated Level I, II, or Regional Level III Trauma Center according to the Regional Trauma Plan but may be stabilized at a Level III or IV facility depending on location and time and distance to the higher level trauma center.

NO

Anatomical Injury

- Penetrating injury of head, neck, chest/abdomen, or extremities proximal to elbow or knee
- Combination of burns > 10% or significant burns involving face, airway, hands, feet or genitalia without significant trauma transport to regional Burn Center. Burns >10% with significant trauma transport to trauma center.
- Amputation above wrist or ankle
- Paralysis or suspected spinal fracture w/neurological deficit
- Flail chest
- Two or more obvious proximal long bone fractures [upper arm or thigh]
- Open or suspected depressed skull fracture
- Unstable pelvis or suspected unstable pelvic fracture
- Tender and/or distended abdomen
- Crushed, degloved, or mangled extremity

YES

Air Rendezvous may be necessary considering time & distance constraints. If conditions do not permit air transport then consider ALS rendezvous. Stabilization may occur either in the field or at the nearest appropriate facility.

Combination of burns > 10% or significant burns involving face, airway, hands, feet or genitalia without significant trauma transport to regional Burn Center. Burns >10% with significant trauma transport to trauma center.

NO

PRIORITY 2

Risk of Serious Injury - Single System Injury

Patients with potentially time sensitive injuries due to a high energy event (positive mechanism of injury) or with a less severe single system injury, but currently with no physiological abnormalities or significant anatomical injury

- Ejection of the patient from an enclosed vehicle
- Auto/pedestrian or auto/bike or motorcycle crash with significant impact (> 20 mph) with the patient thrown or run over by a vehicle
- Falls greater than 20 feet or distance 2-3 times height of patient
- Significant assault or altercations
- High risk auto crash⁵
- **Neurology:** Isolated head trauma with transient loss of consciousness or altered mental status but currently alert and oriented.
- **Orthopedic:** Single proximal and distal extremity fractures (including open) from high energy event, isolated joint dislocations-knee, hip, elbow, shoulder without neurovascular deficits, and unstable joint (ligament) injuries without neurovascular deficits.
- **Maxillofacial trauma:** Facial lacerations; such as those requiring surgical repair, isolated open facial fractures or isolated orbit trauma with or without entrapments, or avulsed teeth.

YES

Initiate Trauma Treatment Protocol

PROMPT transport to the designated Level III Trauma Center or higher depending on location according to the Regional Trauma Plan

NO

PRIORITY 3

- Consider⁶
 - Co-morbid factors
 - Gestalt-EMS clinical judgment

NO

TRANSPORT to either the closest Level IV Trauma Center or higher depending on location according to the Regional Trauma Plan or the facility of the patient's choice

PEDIATRIC (≤ 16 YEARS) PRE-HOSPITAL TRIAGE AND TRANSPORT GUIDELINES

Oklahoma Model Trauma Triage Algorithm

- Inability To Secure Airway
- Traumatic Arrest

YES

Go Directly to Nearest
Appropriate Facility

PRIORITY 1

Physiological Compromise Criteria

- Hemodynamic Compromise¹-Systolic BP < 90mmHg or other signs such as:
 - Sustained tachycardia
 - Cool diaphoretic skin
- Respiratory Compromise²- RR < 10 or > 29 breaths/minute or < 20 in infant < 1 yr
- Altered Mentation of trauma etiology³- GCS < 14

YES

Initiate Trauma Treatment Protocol Activate Trauma System

RAPID transport to the designated Level I, II, or Regional Level III Trauma Center according to the Regional Trauma Plan but may be stabilized at a Level III or IV facility depending on location and time and distance to the higher level trauma center.

NO

Anatomical Injury

- Penetrating injury of head, neck, chest/abdomen or extremities proximal to elbow or knee
- Combination of burns > 10% or significant burns involving face, airway, hands, feet or genitalia without significant trauma transport to Hillcrest Burn Center or OUMC Children's Hospital. Burns >10% with significant trauma transport to trauma center.
- Amputation above wrist or ankle
- Paralysis or suspected spinal fracture w/neurological deficit
- Flail chest
- Two or more obvious proximal long bone fractures (upper arm or thigh).
- Open or suspected depressed skull fracture
- Unstable pelvis or suspected unstable pelvis fracture
- Tender and/or distended abdomen
- Crushed, degloved, or mangled extremity

YES

Air Rendezvous may be necessary considering time & distance constraints. If conditions do not permit air transport consider ALS rendezvous. Stabilization may occur either in the field or at the nearest appropriate facility.

Combination of burns > 10% or significant burns involving face, airway, hands, feet or genitalia without significant trauma transport to Hillcrest Burn Center or OUMC Children's Hospital. Burns >10% with significant trauma transport to trauma center.

Pediatric Trauma Score ≤5

PRIORITY 2

NO

Risk of Serious Injury - Single System Injury

Patients with potentially time sensitive injuries due to a high energy event (positive mechanism of injury) or with a less severe single system injury, but currently with no physiological abnormalities or significant anatomical injury

- Ejection of the patient from an enclosed vehicle
- Auto/pedestrian or auto/bike or motorcycle crash with significant impact (> 20 mph) with the patient thrown or run over by a vehicle
- Falls greater than 10 feet or distance 2-3 times height of patient
- Significant assault or altercations
- High risk auto crash⁵
- **Neurology:** Isolated head trauma with transient loss of consciousness or altered mental status but currently alert and oriented.
- **Orthopedic:** Single proximal and distal extremity fractures (including open) from high energy event, isolated joint dislocations-knee, hip, elbow, shoulder without neurovascular deficits, and unstable joint (ligament) injuries without neurovascular deficits.
- **Maxillofacial trauma:** Facial lacerations; such as those requiring surgical repair, isolated open facial fractures or isolated orbit trauma with or without entrapments, or avulsed teeth.

YES

Initiate Trauma Treatment Protocol

PROMPT transport to the designated Level III Trauma Center or higher depending on location according to the Regional Trauma Plan

Pediatric Trauma Score 6-8

PRIORITY 3

NO

YES

- Consider⁶
 - Co-morbid factors and Gestalt-EMS clinical judgment
- Pediatric Trauma Score 9-12

NO

TRANSPORT to either the closest Level IV Trauma Center or higher depending on location according to the Regional Trauma Plan or the facility of the patient's choice