

**5301****Trauma Triage
Indicators and
Destination****Administrative Policy**Last Reviewed: **October 4, 2022**Last Revised: **July 1, 2026****PURPOSE**

To establish clear and concise trauma triage indicators that are consistent with the guidelines and recommendations of the American College of Surgeons and the Centers for Disease Control, while taking into account the distinct geographic hospital locations of all Riverside County trauma centers.

Trauma Triage Indicators and DestinationDestination and Transport:

1. Ground ambulance is the primary means of transport for destinations thirty (30) minutes or less by code 3.
 - a. Adult patients identified as critical trauma patients (CTPs) will be transported to the closest Level I or Level II trauma center.
 - b. Pediatric patients identified as CTPs should be transported to a pediatric trauma center.
 - c. If the pediatric trauma center is greater than thirty (30) minutes away by ground, go to the closest Level I or Level II trauma center.
 - d. If the closest trauma center is greater than thirty (30) minutes by ground code 3, consider HEMS transport.
 - e. If patient destination is questionable, contact the closest Level I or Level II Trauma Base Hospital for destination.
 - f. In the event of trauma center diversion - refer to REMSA Policy 6103 *Ambulance Diversion*.
2. The patient is identified as a CTP and presents with the following:
 - a. An unmanageable airway: If the CTP's airway and/or breathing is compromised and transporting personnel are unable to effectively manage them using BLS or ALS measures, the patient will be transported to the closest prehospital receiving center (PRC).
 - b. Traumatic full arrest:
 - i. Adult blunt traumatic arrest:
 1. If the patient meets the criteria outlined in REMSA Policy 4108 *Do Not Attempt Resuscitation/Discontinue Resuscitation*: **DO NOT TRANSPORT**.
 - a. If the patient is pulseless and apneic with asystole/agonal rhythm/PEA at a rate less than 40: **DO NOT RESUSCITATE OR TRANSPORT**.
 - b. Otherwise, **transport to the closest Level I or Level II trauma center**.
 - ii. Adult penetrating traumatic arrest:
 1. If the patient meets the criteria outlined in REMSA Policy 4108 *Do Not Attempt Resuscitation/Discontinue Resuscitation*: **DO NOT TRANSPORT**.
 - a. If the patient is pulseless and apneic with asystole/agonal rhythm/PEA at a rate less than 40: **DO NOT RESUSCITATE OR TRANSPORT**.
 - b. If the patient has signs of life and transport time is reasonable, **consider transport to the closest Level I or Level II trauma center**.
 - iii. Pediatric traumatic arrest:
 1. A Base Hospital Physician Order (**BHPO**) is required to discontinue resuscitation.
 - c. Burn patients
 1. CTPs with burns **will be transported to the closest Level I or Level II trauma center**.
 - a. Patients not meeting CTP criteria will be transported according to the REMSA Policy 4701/4906 *Adult/Pediatric Burns*.

Considerations

Under normal circumstances, scene time should be limited to ten (10) minutes.

With multiple CTPs, consult the closest Level I or Level II Trauma Base Hospital for destination determination. Refer to REMSA Policy 3305 *EMS Surge/Mass Casualty Incident (MCI) Management*.

The Level I or Level II trauma center must be advised of incoming CTPs as soon as possible in order to allow for timely trauma team activation.

Trauma triage criteria are on the following page:



CRITICAL TRAUMA PATIENT (CTP) CRITERIA – POLICY 5301 GUIDELINES

Any patient who is experiencing, or presenting with, any of the criteria listed below will be considered a CTP and will be transported to the closest Level I or Level II trauma center.

MECHANISM OF INJURY CRITERIA

- Fall – adults, 15 feet or greater
- Fall – pediatric, greater than 10 feet or 3x the patient's height
- Auto vs. pedestrian OR bicycle rider greater than 20mph
- Motorcycle crash greater than 20mph
- Ejection from vehicle
- Death in the same vehicle
- Passenger space intrusion, including roof, greater than 12" at any occupied site
- Passenger space intrusion, including roof, greater than 18" at any unoccupied site
- Child (Ages 0-9) unrestrained or in unsecured child safety seat

ANATOMIC CRITERIA

- Open or depressed skull fracture
- Penetration of the head/neck/torso extremities proximal to the elbow/knee
- Chest wall instability or deformity (e.g. – flail chest)
- Suspected pelvic fracture
- New onset paralysis
- Two (2) or more proximal long bone fractures
- Crushed/mangled/degloved pulseless extremity
- Trauma with burns
- Amputation proximal to the wrist or ankle

PHYSIOLOGIC CRITERIA

- GCS less than or equal to 13
- Respiratory rate less than 10 **OR** greater than 29 **OR** need for ventilatory support
- Active bleeding requiring a tourniquet or wound packing with continuous pressure
- Infant respiratory rate less than 20
- Systolic BP less than 90 mmHg
- Geriatric patient (65 years or older) with a systolic BP less than 100 mmHg

For patients who meet any of the criteria listed below, a Level I or Level II Trauma Base Hospital must be consulted to determine the appropriate destination.

CO-MORBID FACTORS AND OTHER MECHANISMS

- Geriatric patients (65 years or older)
- Pediatric patients (14 years and younger)
- Patients on anti-coagulants/anti-platelet therapy
- Pregnant patients greater than 20 weeks gestation
- MVC greater than 40mph
- Reported or confirmed loss of consciousness
- EMS provider judgment
- Suspicion of child abuse