

FIELD TRAUMA TRIAGE STANDARD

STEP ONE Physiological

Measure vital signs and level of consciousness

Patient does not follow commands
 Systolic blood pressure <90 mmHg
 Respiratory rate <10 or ≥30 breaths per minute or need for ventilatory support (<20 in infant aged <1 year)

YES

Take directly to LTH if it is <30 minutes land ambulance travel time¹. Steps 1 and 2 attempt to identify the most seriously injured patients. These patients should be transported preferentially to LTH².

NO

Assess anatomy of injury.

1. Transport time is defined as the time from depart scene to time arrive at destination.
2. If a paramedic is unable to successfully manage the airway or the patient is unlikely to survive the transport to LTH, the patient must be transported to the closest Emergency Department.

STEP TWO Anatomical

- All penetrating injuries³ to head, neck, torso and extremities proximal to elbow or knee
 - Chest wall instability or deformity (e.g. flail chest)
 - Two or more proximal long-bone fractures
 - Crushed, de-gloved, mangled or pulseless extremity
 - Amputation proximal to wrist or ankle
 - Pelvic fractures
 - Open or depressed skull fracture
 - Paralysis

YES

Take directly to LTH if it is <30 minutes land ambulance travel time. Steps 1 and 2 attempt to identify the most seriously injured patients. These patients should be transported preferentially to LTH⁴.

NO

Assess mechanism of injury and evidence of high energy impact.

3. Patients with penetrating trauma to the torso or head/neck are to be transported to a LTH with the 30 minute transport rule independent of lack of vital signs.

4. The paramedic will consider using the Trauma Termination of Resuscitation (TOR) contained in the *Trauma Cardiac Arrest Medical Directive* when appropriate.

STEP THREE Mechanism⁵

- 1) Falls
 - a) Adults ≥6 metres (one story is equal to 3 metres)
 - b) Children (age <15) ≥3 metres or two or three times the height of the child
- 2) High Risk Auto Crash
 - a) Intrusion ≥0.3 metres occupant site; ≥0.5 metres any site, including the roof
 - b) Ejection (partial or complete) from automobile
 - c) Death in same passenger compartment
 - d) Vehicle telemetry data consistent with high risk injury (if available)
- 3) Auto vs. pedestrian/bicyclist thrown, run over, or with significant (≥30 Km/h) impact
- 4) Motorcycle crash ≥30 Km/h

YES

Transport to a LTH. Patching with the base hospital physician is an option.

NO

Assess special patients or system considerations.

5. The criteria used for bypass to a LTH in Steps 3 and 4 are not absolute; rather are indicators of the potential for significant injury or indicate the patient may require other support services at the LTH. Not all patients in these two categories require transport to a LTH and the paramedic must use their judgement coupled with these criteria to determine the need for transport to a LTH.

STEP FOUR Special Considerations⁵

- 1) Age
 - Older Adults
 - a) Risk of injury/death increases after age 55
 - b) SBP <110 may represent shock after age 65
 - Children
 - a) Should be triaged preferentially to pediatric-capable trauma centre
- 2) Anticoagulation and bleeding disorders
- 3) Burns
 - a) With trauma mechanism: triage to LTH
- 4) Pregnancy ≥20 weeks

YES

Transport to a LTH. Paramedic judgement and local Patient Priority Systems Bypass Agreements⁶ can be used to help determine transport destination. Patching with base hospital physician is an option.

NO

Transport to the closest most appropriate ED.

6. Local variances in transport time may occur based upon appropriate Patient Priority Systems Bypass Agreements.

