



San Benito County Emergency Medical Services Agency

CDC TRAUMA TRIAGE

Policy: 6070
Effective: July 1, 2015
Reviewed: May 1, 2015

- I. Authority for this policy is noted in Division 2.5, California Health and Safety Code, Sections 1797.222, 1798.162, 1798.163 California Code of Regulations Section 100255. References for this policy include:
 - A. Recommendations of the American College of Surgeons and the Centers for Disease Control, January 13, 2012 issue of the Morbidity and Mortality Weekly Report.
 - B. Validation of a Prehospital Trauma Triage Tool: A 10-Year Perspective. J. Trauma 2008; 65:1253-1257.
 - C. Guidelines for the Field Triage of Injured Patients: <http://www.cdc.gov/fieldtriage/>
- II. Purpose
 - A. To establish guidelines for evaluating trauma patients to determine the most appropriate receiving hospital.
- III. Definitions
 - A. "PAM" refers to the (P)hysiologic, (A)natomic, and (M)echanism findings on a trauma patient
- IV. Policy
 - A. All trauma patients will be triaged using the following trauma triage tool. After completing this evaluation, prehospital personnel will transport patients in accordance with Policy 6050, "Trauma Patient Transport and Hospital Destination."

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EMS Medical Director

PAM Triage Criteria

Vital Signs and Level of Consciousness: **(P)hysiologic**

- Glasgow Coma Scale ≤13
- Systolic Blood Pressure <90 mmHg
- Respiratory Rate <10 or >29 breaths/min or need for ventilatory support
(<20 in infant aged <1 year)

Anatomy of Injury: **(A)natomic**

- All penetrating injuries 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, degloved, mangled, or pulseless extremity
- Amputation proximal to wrist or ankle
- Pelvic fractures
- Open or depressed skull fracture
- Paralysis

Mechanism of Injury and Evidence of High-Energy Impact: **(M)echanism**

Falls

- Adults: >20 feet (one story is equal to 10 feet)
- Children: >10 feet or two or three times the height of the child

High-risk auto crash

- Intrusion, including roof: >12 inches occupant site; >18 inches any site
- Ejection (partial or complete) from automobile
- Death in same passenger compartment
- Vehicle telemetry data consistent with a high risk of injury

Auto vs. pedestrian/bicyclist

- Thrown, run over, or with significant (>20 mph) impact

Motorcycle crash

- >20 mph

Special Patient or System Considerations

Older Adults

- Risk of injury/death increases after age 55 years
- SBP <110 may represent shock after age 65 years

- Low impact mechanisms (e.g. ground level falls) may result in severe injury

Children

- Should be triaged preferentially to pediatric capable trauma centers

Anticoagulants and bleeding disorders

- Patients with head injury are at high risk for rapid deterioration

Burns

- Without other trauma mechanism: triage to burn facility
- With trauma mechanism: triage to trauma center

Pregnancy >20 weeks

EMS provider judgment