

Radio Report and Triage/Transport Selection

ALL PROVIDERS

- Prior to or immediately upon beginning transport, EMS providers should contact the receiving facility. The report should be 60-90 seconds with the following information:

- 1) Identify Unit and Personnel Calling
- 2) ETA to facility
- 3) Age/Gender of Patient
- 4) Mechanism of Injury/Medical Complaint
- 5) Injuries/Illness
- 6) Signs/Symptoms/Significant patient history
- 7) Treatments

8) Behavioral Patient Information:

- a) Type of patient (HI, SI, other BH)
- b) Is PD coming with them?
- c) What is this patient's level of compliance? Brought voluntarily/involuntarily?
- d) Risk of violence?
- e) Medical/non-medical psychiatric?
- f) Is this patient developmentally delayed?

□ **Guideline for Triage/Transport selection:**

- Contact and transport to (in descending order);
 1. The Facility where the patient desires to go.
 2. The Facility where the patient's physician practices.
 3. The Facility where the patient was treated for the same type of illness/injury.
 4. If no Facility or physician preferences, the contact the nearest Facility

□ **Guideline for Pediatric Triage/Transport selection:**

It is strongly recommended that pediatric patients ≤ 14 years of age, who meet any of the following criteria be transported directly to Primary Children's Medical Center due to the time sensitive nature of their injury:

1. GCS ≤ 10 ; or GCS motor score of ≤ 4 ; or AVPU score of "P".
2. Environmental hypothermia and core temp < 30 with or without a pulse.
3. Hypotension¹ for age with blunt trauma.
4. Pulseless extremity or hemorrhage of an extremity requiring tourniquet placement.

| AGE | Systolic Blood Pressure |
|---------------------|-------------------------|
| < 1 month | < 60 |
| 1 month - < 2 years | < 70 |
| 2 years - 10 years | < 70 + 2X age in years |
| > 10 years | < 90 |

National Guideline for the Field Triage of Injured Patients

RED CRITERIA

High Risk for Serious Injury

| Injury Patterns | Mental Status & Vital Signs |
|--|--|
| <ul style="list-style-type: none">• Penetrating injuries to head, neck, torso, and proximal extremities• Skull deformity, suspected skull fracture• Suspected spinal injury with new motor or sensory loss• Chest wall instability, deformity, or suspected flail chest• Suspected pelvic fracture• Suspected fracture of two or more proximal long bones• Crushed, degloved, mangled, or pulseless extremity• Amputation proximal to wrist or ankle• Active bleeding requiring a tourniquet or wound packing with continuous pressure | <p>All Patients</p> <ul style="list-style-type: none">• Unable to follow commands (motor GCS < 6)• RR < 10 or > 29 breaths/min• Respiratory distress or need for respiratory support• Room-air pulse oximetry < 90% <p>Age 0-9 years</p> <ul style="list-style-type: none">• SBP < 70mm Hg + (2 x age years) <p>Age 10-64 years</p> <ul style="list-style-type: none">• SBP < 90 mmHg or• HR > SBP <p>Age ≥ 65 years</p> <ul style="list-style-type: none">• SBP < 110 mmHg or• HR > SBP |

Patients meeting any one of the above RED criteria should be transported to the highest-level trauma center available within the geographic constraints of the regional trauma system

YELLOW CRITERIA

Moderate Risk for Serious Injury

| Mechanism of Injury | EMS Judgment |
|--|--|
| <ul style="list-style-type: none">• High-Risk Auto Crash<ul style="list-style-type: none">- Partial or complete ejection- Significant intrusion (including roof)<ul style="list-style-type: none">• >12 inches occupant site OR• >18 inches any site OR• Need for extrication for entrapped patient- Death in passenger compartment- Child (Age 0-9) unrestrained or in unsecured child safety seat- Vehicle telemetry data consistent with severe injury• Rider separated from transport vehicle with significant impact (eg, motorcycle, ATV, horse, etc.)• Pedestrian/bicycle rider thrown, run over, or with significant impact• Fall from height > 10 feet (all ages) | <p>Consider risk factors, including:</p> <ul style="list-style-type: none">• Low-level falls in young children (age ≤ 5 years) or older adults (age ≥ 65 years) with significant head impact• Anticoagulant use• Suspicion of child abuse• Special, high-resource healthcare needs• Pregnancy > 20 weeks• Burns in conjunction with trauma• Children should be triaged preferentially to pediatric capable centers <p>If concerned, take to a trauma center</p> |

Patients meeting any one of the YELLOW CRITERIA WHO DO NOT MEET RED CRITERIA should be preferentially transported to a trauma center, as available within the geographic constraints of the regional trauma system (need not be the highest-level trauma center)