

Policy:	Adult Trauma Triage Criteria		#535.00
		Creation Date:	5-5-2004
Medical Director:	_____	Revision Date:	8-24-2011
EMS Coordinator:	_____	Review Date:	08-2016

- d. Crushed, degloved, or mangled extremity
 - e. Amputation proximal to wrist and ankle
 - f. Suspected pelvic fracture
 - g. Open or depressed skull fracture
 - h. Paralysis
3. Mechanism of injury
- a. Falls > 20 feet (one story = 10 feet)
 - b. High Risk Automobile Crash
 - i) Intrusion > 12 inches at occupant site
 - ii) Ejection (partial or complete) from automobile
 - iii) Unrestrained rollover
 - iv) Vehicle telemetry data consistent with high risk of injury (if available)
 - c. Automobile vs. Pedestrian/Bicyclist
 - i) Pedestrian/bicyclist thrown or run over
 - ii) Significant (> 20 mph) impact
 - d. Motorcycle Crash > 20 mph
4. Special Considerations
- a. Older adults: Risk of injury/death increases after age 55
 - b. Anticoagulation and bleeding disorders
 - c. Burns- Refer to burn center triage criteria
 - d. Death in same passenger compartment
 - e. End stage renal disease requiring dialysis
 - f. Pregnancy > 20 weeks with complaint of injury
 - g. EMS provider judgment
- A. Patients meeting one or more of Sections 1 - 3 the Adult Trauma Triage Criteria shall be treated as a major trauma patient.
- B. Section 4, Special considerations, should be used to raise the index of suspicion; patients should have tangible signs and symptoms of injury. Decisions to transport to a trauma center should not be based on special considerations alone.
- C. Major trauma patients shall be transported to a designated trauma center or receiving hospital in accordance with EMS Policy No. 531.50 Trauma Patient Destination.