

Forsyth County EMS

Patient Care Policy: Trauma System Utilization and Communication

Background: Seriously injured patients requiring triage to the Piedmont Regional Trauma System's (PRTS) Level I Trauma Center are defined as: patients with ISS scores of 15 or greater; pediatric patients with multiple injuries; burn patients; and patients needing limb reimplantation.

PRTS is responsible for the development, evaluation and adjustment of triage criteria for use by Emergency Medical Services (EMS) personnel within PRTS. Field Triage is defined as the predetermined schematic for patient distribution based upon the patient's established medical needs as determined by EMS personnel at the location of initial EMS intervention. The purpose of Field Triage is to provide the best care for the trauma patient, taking into consideration the patient's preferences for care.

The expected outcome of Field Triage is:

- ❑ Treatment of the injured patients at the PRTS' Level I Trauma Center;
- ❑ Treatment of the less seriously injured patients at the PRTS' hospital facility of their choice, consistent with the patient's insurance plan;
- ❑ Treatment of less seriously injured patients, who do not have a PRTS hospital facility preference, at the appropriate PRTS facility.

The initial Field Triage Criteria for Forsyth County EMS appears below. Piedmont Regional Trauma System will conduct ongoing reviews and quality assurance programs of the application by Forsyth County EMS of the Field Triage Criteria and make recommendations for adjustments needed to reduce under or over-triage.

Forsyth County EMS personnel will determine when a seriously injured patient is to be triaged to the PRTS's Level I Trauma Center by applying the following initial Field Triage Criteria:

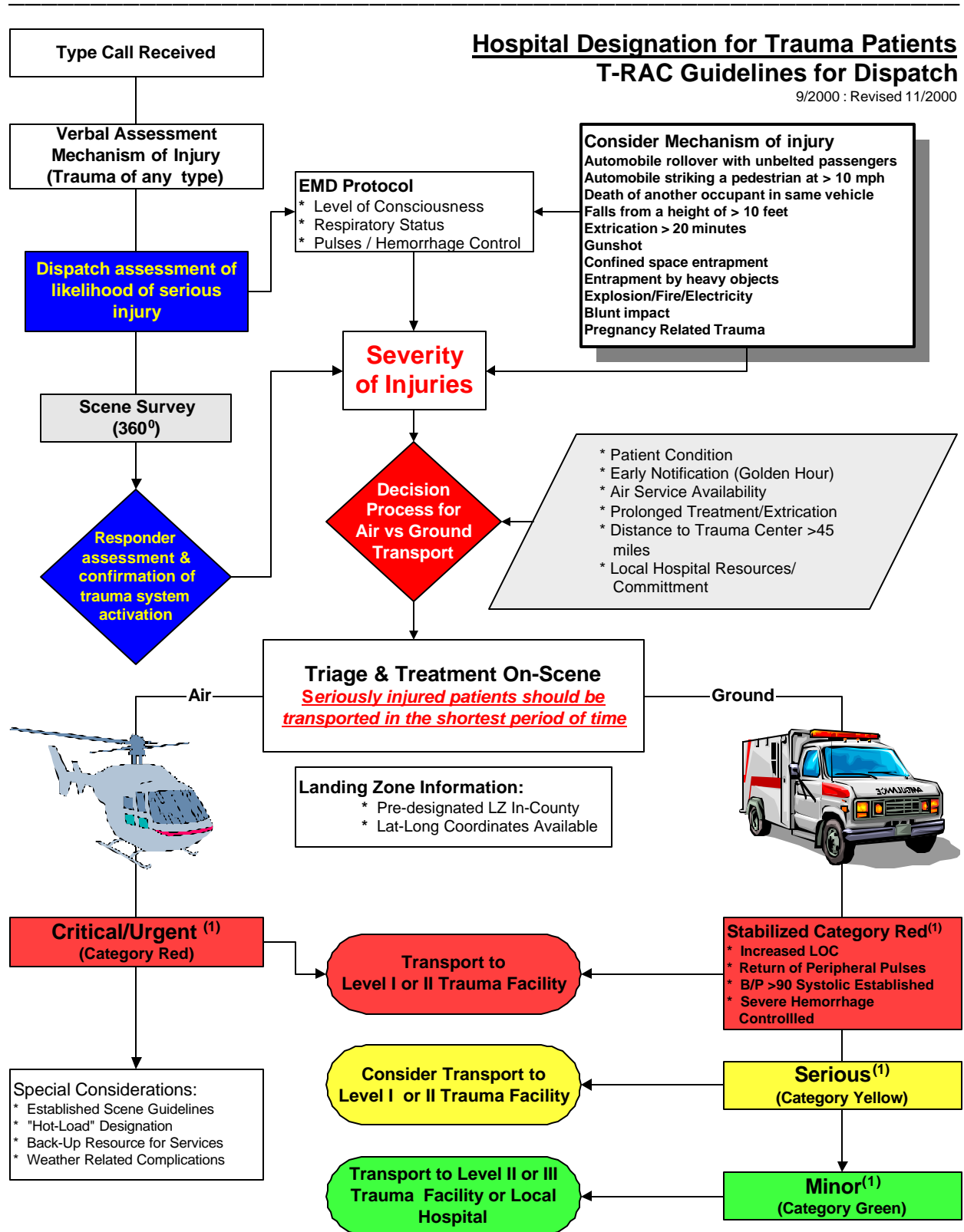
1. **Glasgow Coma Scores of less than or equal to 12;**
2. **Systolic blood pressure of less than or equal to 90; or**
3. **Penetrating trauma to the torso or proximal extremity;**
4. **Penetrating trauma to the head;**
5. **Stab Wound to the torso**
6. **Significant burns (degree and location)**
7. **Limb reattachment**
8. **Pediatric trauma**

Non-seriously injured patients without a hospital facility preference will be triaged following the existing EMS practice. If existing practice is determined not to be in the best interest of the patient care, the over-all quality of the trauma system, the Piedmont Regional Trauma System will recommend a triage protocol for review and approval by the PRTS Board of Directors and the EMS Medical Director.

Purpose: The purpose of this policy is to provide a consistent regional policy for the triage of patients to the appropriate medical facility and establish guidelines for the communication of necessary patient condition information.

Forsyth County EMS

Patient Care Policy: Trauma System Utilization and Communication

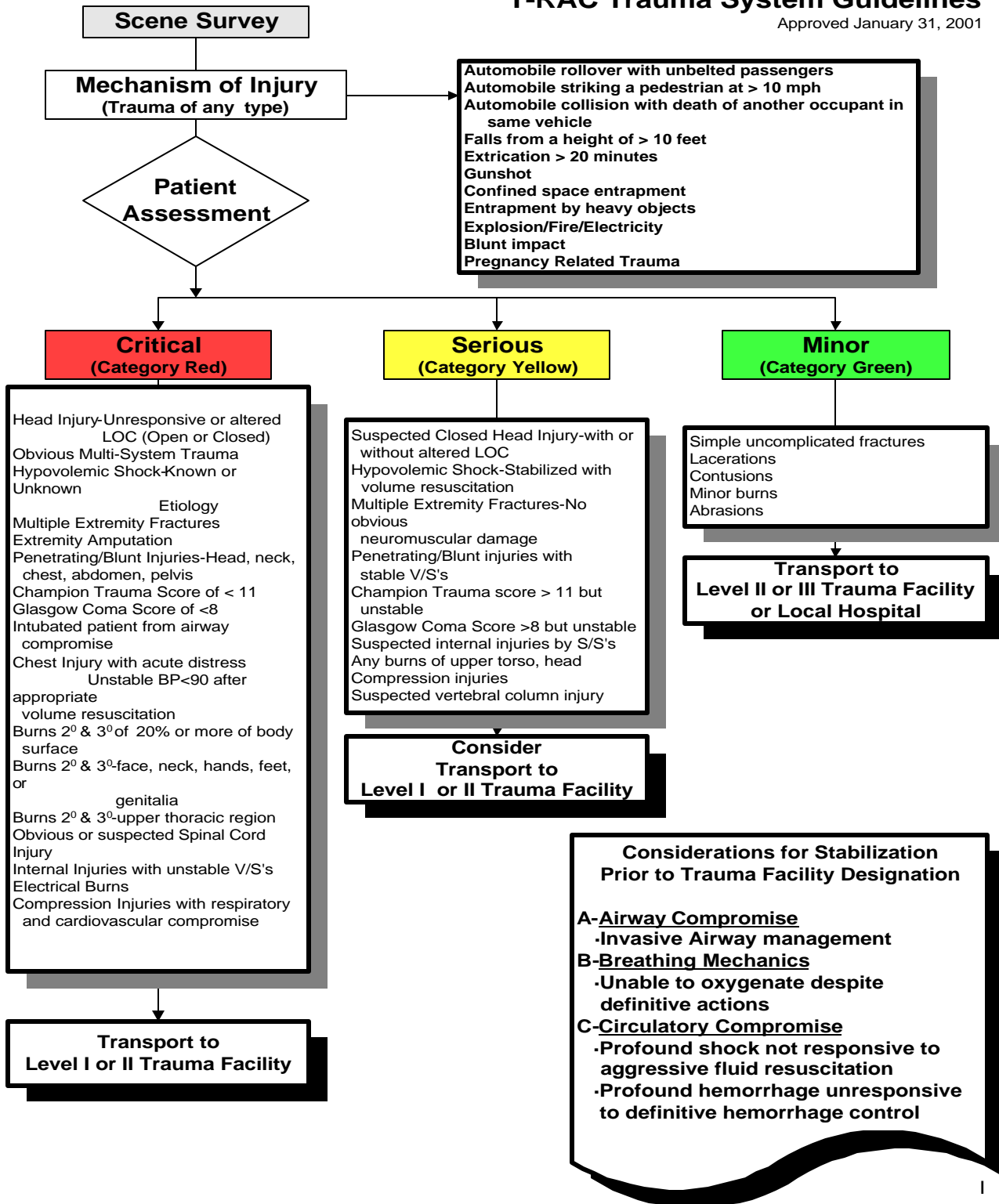


(1) Refer to T-RAC Trauma System Guidelines Protocol

Hospital Designation for Trauma Patients

T-RAC Trauma System Guidelines

Approved January 31, 2001



Forsyth County EMS

Patient Care Policy: Trauma System Utilization and Communication

Trauma "Code" Communication

I. The EMS Crew *will call in a "Trauma Team Alert"* for patients meeting the following Level 1 criteria:

- A. Hypotension or shock (includes B/P < 90 mmHg systolic)
- B. Penetrating trauma to the head, neck, chest, abdomen, or groin.
- C. Patients whose mechanism of injury has resulted in compromise of the airway or ventilation or who have a high potential for same (includes inability to intubate).
- D. Traumatic cardiac arrest
- E. GCS < 8

Pediatric Level 1 Codes include all the above plus

- A. Flail Chest
- B. Crush injury to pelvis

II. The EMS Crew *will give a report to the ED Physician*, who will in turn make the "Trauma Code" decision for patients meeting the following Level 2 criteria:

- A. Significant Central Nervous System (CNS) injury. (GCS < 10) and potential for multiple injuries based upon mechanism of injury (e.g. MVA or Fall > 10 feet)
- B. Intubated interhospital transfer trauma patient*
- C. Flail chest
- D. Stab to torso*
- E. Spinal cord injury
- F. Any history of hypotension, but normal blood pressure at present
- G. Gun shot wound to proximal extremity (excluding groin)*
- H. Crush injury to pelvis
- I. Amputation of extremity proximal to wrist or ankle
- J. Auto vs. Pedestrian*
- K. Ejection from vehicle*
- L. Neurovascular compromise of limb
- M. Two or more long bone fractures

Forsyth County EMS

Patient Care Policy: Trauma System Utilization and Communication

N. Patients who initially do not meet criteria for a Trauma Code - Level 2 who decompensate after arrival in the Emergency Department

* Without Airway Compromise or Shock

Pediatric Level 2 Trauma Codes include all of the above plus

A. Patients < 2 y/o in an MVC or other High Risk Mechanism.

Approved by:
COL Dan Ozimek
EMS Director
October, 2003

Approved by:
Dr. R.L. Alson
Medical Director
October, 2003