

APPENDIX: 16

TITLE: Trauma Priority

REVISED: November 1, 2017

Trauma Priority Criteria for Field Providers**Priority 1 Activation**

- SBP of 90 or less, respiratory rate < 10 or >30
- Tachycardia > 130 **AND meets Priority 2 or 3 criteria**
- Age specific hypotension in children
 - <70mmHg + 2 x age)
 - HR > 200 or < 60
- Respiratory compromise/obstruction
- Intubation
- Inter-facility transfer patients receiving blood to maintain vital signs
- GCS 8 or less with mechanism attributed to trauma
- Major limb amputation
- Pregnancy >20 weeks gestation with leaking fluid or bleeding or abdominal pain that also **meets Priority 3 criteria**
- Open Skull Fracture
- **Paralysis** of an extremity
- Penetrating injury to abdomen, head, neck, chest or proximal limbs including the knee and elbow
- Emergency Physician/Provider Discretion*

Priority 2 Activation

- GCS 9 to 13
- Chest tube/ Needle thoracentesis
- Pelvic Fracture (suspected)
- Two obvious long bone fractures (femur/humerus)
- Flail Chest
- Submersion with **traumatic mechanism**
- Ejection from ENCLOSED vehicle
- Burns >20% BSA or involvement of face, airway, hands, or genitalia
- Sensory deficit of an extremity
- Emergency Physician/Provider Discretion*

Priority 3 Activation

- Death of same car occupant
- Extrication time > 20 minutes
- Fall 2x patient's height
- Auto vs Bike *or* Auto vs Pedestrian
- Non-enclosed wheeled / mechanized transport >20 mph
- Horse ejection or rollover
- >12" intrusion into occupant space or vehicle
 - Emergency Physician/Provider Discretion*
- "Star" any window or windshield
- Rollover
- Broken/Bent steering wheel
- Trauma mechanism w/changes in LOC
- Amputation of one or more digits
- 10-20% TBSA (second or third degree)

NOTE: Priority 3 criteria alone does not mandate transfer to the trauma center. The purpose of allowing medic discretion is to encourage initial triage of patients potentially requiring hospital admission to an appropriate receiving center and to give the provider a way to alert the hospital they are bringing in a trauma patient needing immediate evaluation.

***Emergency Physician/provider discretion:** factors include but not limited to:

- Extremes of age
- Hypothermia/hyperthermia
- Presence of anticoagulants **other than aspirin**