

MARIN COUNTY TRAUMA TRIAGE TOOL

Adult Patients (age 14 and older)

Step 1 – Major Physiologic Factors

1. Glasgow Coma Scale <14
2. Systolic blood pressure (mmHg) <90 mm Hg
3. Respiratory rate <10 or >29 breaths per minute

Provide Full Trauma Notification & Transport to Time Closest Trauma Center: Marin General Hospital by ground, or Level II by air.

YES NO

Assess Anatomic Factors

Step 2 – Major Anatomic Factors

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| <ol style="list-style-type: none"> 1. Penetrating injuries to head, neck, torso, or extremities proximal to elbow or knee 2. Flail chest 3. Two or more proximal long-bone fractures 4. Crushed, degloved, mangled or amputated extremity proximal to wrist or ankle | <ol style="list-style-type: none"> 5. Pelvic fractures 6. Open or depressed skull fracture 7. Paralysis (partial or complete) 8. Burns with anatomic factors |
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Provide Full Trauma Notification & Transport to Time Closest Trauma Center: Marin General Hospital by ground, or Level II by air.

YES NO

Assess Mechanism of Injury Factors

Step 3 – Mechanism of Injury Factors

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|--|---|
| <ol style="list-style-type: none"> 1. Falls <ul style="list-style-type: none"> - Adults >20 feet (one story is equal to 10 feet) - Children >10 feet or three times the height of the child 2. High-risk auto crash <ul style="list-style-type: none"> - Passenger space intrusion >18" (>12" occupant site) - Ejection (partial or complete) from automobile - Death in same passenger compartment | <ol style="list-style-type: none"> 3. Auto vs. pedestrian or auto vs. bicyclist: thrown, run over, <u>or</u> with >20 mph impact 4. Motorcycle or bicycle crash: thrown <u>and</u> > 20 mph impact 5. Burns with MOI factors |
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YES NO

Provide Limited Trauma Notification & transport to Marin General Hospital Trauma Center

Assess Additional Factors

Step 4 – Additional Factors

1. Older Adults; Risk of injury/death increases significantly after age 65
2. Anticoagulant use and/or bleeding disorders with head / torso injury
3. End-stage renal disease requiring dialysis
4. Pregnancy >20 weeks

Does assessment of these additional factors, or other complaints or exam findings cause paramedic to be concerned about the patient?

YES NO

Provide Limited Trauma Notification & Transport to Marin General Hospital Trauma Center

Transport to closest emergency dept. or emergency dept. of patient's choice

Trauma Center consultation is recommended for questions about destinations for injured patients.

MARIN COUNTY TRAUMA TRIAGE TOOL
Pediatric Patients (age <14 yrs)

Step 1 – Major Physiologic Factors

1. Glasgow Coma Scale <14
2. Systolic BP <80 mm Hg – age 7-14
3. Systolic BP <70 mm Hg – age < 7

Transport to Oakland Children's Hospital if ETA 30 min. or less, otherwise transport to Marin General Hospital and provide Full Trauma Notification

YES

NO

Assess Anatomic Factors

Step 2 – Major Anatomic Factors

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| <ol style="list-style-type: none"> 1. Penetrating injuries to head, neck, torso, or extremities proximal to elbow or knee 2. Flail chest 3. Two or more proximal long-bone fractures 4. Crushed, degloved, mangled or amputated extremity proximal to wrist or ankle | <ol style="list-style-type: none"> 5. Pelvic fractures 6. Open or depressed skull fracture 7. Paralysis (partial or complete) 8. Burns with anatomic factors |
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Transport to Oakland Children's Hospital if ETA 30 min. or less, otherwise transport to Marin General Hospital and provide Full Trauma Notification

YES

NO

Follow Steps 3 & 4 on page 1 for Adult Trauma Patients

SPECIAL CONSIDERATIONS

1. The clinical findings, including past medical history, are critical to identifying the trauma patient, especially when assessing Mechanism of Injury (MOI) and Additional factors (AF).
2. A thorough clinical assessment is especially important in:
 - Patients with persistent & unexplained respiratory difficulty, tachycardia, or peripheral vasoconstriction;
 - Any patient <5 yrs of age who has suffered major trauma but for whom it is not possible to fully determine physiologic status;
 - Inability to communicate (e.g., language barrier, substance or psychiatric impairment)
3. There are mechanisms of injury not identified in the Trauma Triage Tool that may be associated with trauma. Any fall or impact with significant velocity is likely to produce a candidate for trauma activation.

“PROVIDE TRAUMA NOTIFICATION” means field personnel will advise the trauma center as soon as possible of their impending arrival by providing a Trauma Notification. This information will be used to activate the trauma team. This information is best provided directly from the field by the EMT, paramedic or Incident Commander. Direct communication with the hospital via MERA is preferred. The notification must include at a minimum the following information:

1. Age / Gender
2. Incident type (e.g., MVA, fall, stab wound, gunshot wound)
3. Injury and/or complaints
4. Category:
 - “Full Trauma” (Anatomic or Physiologic factors) or
 - “Limited Trauma” (Mechanism or Additional factors)
5. ETA

As soon as practical after the Trauma Notification has been given, a more thorough report should be provided to the trauma center, including vital signs.

Trauma Center consultation is recommended for questions about destinations for injured patients.