Southeastern Massachusetts EMS Council, Inc (Region V)
Trauma Field Triage Criteria & Point of Entry

BLS should make arrangements for an ALS intercept along their transport route. Early notification of the receiving facility, even from the scene, will enhance patient care.

- Transport a Level 1, 2, or 3 Trauma Center or Pediatric Center **
- These patients should be transported to the highest level of care within the trauma system.
- For prolonged transport times, consider activating the helicopter. If the air transport will take longer, transport by ground.
- If a Level 1, 2 or 3 are equidistant, transport to the highest level facility.
- Providers should take into account weather, traffic, road conditions, time of day when determining Trauma Center destination.
- For patients being transported by helicopter, transport to a level 1 trauma center with helipad facilities.

**MDPH Designated or ACS verified if out of state.

Transport to closest appropriate trauma center ***, which may not be the highest level trauma center***

***EMS Providers are encouraged to contact medical control for direction of trauma patients as needed.

- Perform Primary Survey
- Uncontrolled Airway? Cardiopulmonary Arrest?
  - Yes
  - Transport immediately to the nearest hospital Emergency Department
  - No

Physiological or Anatomical Triggers

Physiological Criteria
- Glasgow Coma Scale ≤ 13
- Respiratory Rate <10 or >29 (<20 infant aged <1 yr) or need for ventilatory support
- Systolic blood pressure <90 mmHg or <70-90 mmHg in pediatrics

Anatomic Criteria
- Chest wall instability or deformity (e.g. flail chest)
- Open or depressed skull fracture
- Penetrating trauma to the head, neck, torso, or extremities proximal to elbow or knee
- Crushed, degloved, or mangled extremity
- Pelvic Fractures (excluding simple fractures)
- Paralysis
- 2 or more proximal long bone fractures, or any open proximal long bone fracture
- Amputations proximal to wrist or ankle

Mechanism of Injury Triggers

Falls
- Adult > 20 feet (one story is equal to 10 feet)
- Children > 10 feet or two or three times the height of the child
High Risk Auto Crash
- Death in the same patient compartment
- Intrusion >12 inches occupant site; or > 18 inches any site
- Ejection (partial or complete from vehicle)
- Vehicle telemetry data consistent with high risk of injury
- Autos vs pedestrian, bicycle thrown, run over or with significant (>20 mph) impact
- Motorcycle crash > 20 mph

Special Patient or Systems Considerations
- Age
  - Older adults (age >55 yrs)
- Children should be triaged to pediatric trauma centers
- Anticoagulation and bleeding disorders
- Burns
- Without other trauma mechanism to burn facility
- With traumatic mechanism to trauma center
- Time sensitive extremity injury
- End stage renal disease requiring dialysis
- EMS provider judgement

If a question, Contact Medical Control for potential direct transport to a trauma or specialty center. Otherwise transport to closest hospital ***