

Southeastern Massachusetts EMS Council, Inc (Region V)

Trauma Field Triage Criteria and Point of Entry

A patient with an uncontrolled airway, in arrest, or otherwise critically unstable due to issues not amenable to EMS intervention, should be brought to the closest hospital. Consider consulting on-line Medical Control

In all trauma cases with prolonged transport times, consider activating the appropriate air ambulance service, if air transport will take longer, transport by ground. For patients being transported by helicopter, transport to a level 1 trauma center with helipad facilities.

High Risk for Serious Injury	
These patients should be transported preferentially to the highest level of care within the trauma system	
Injury Pattern	Mental Status & Vital Signs
<ul style="list-style-type: none"> Penetrating injuries to head, neck torso, and proximal extremities Skull deformity, suspected skull fracture Suspected spinal injury with new motor or sensory loss Chest wall instability, deformity, or suspected flail chest Suspected pelvic fracture Suspected fracture of two or more proximal long bones Crushed, degloved, mangled, or pulseless extremity Amputation proximal to wrist or ankle Active bleeding requiring a tourniquet or wound packing with continuous pressure 	<p>All Patients</p> <ul style="list-style-type: none"> Unable to follow commands (motor GCS <6) RR < 10 or > 29 breaths/min Respiratory distress or need for respiratory support Room-air pulse oximetry < 90% <p>Age 0-9 years</p> <ul style="list-style-type: none"> SBP < 70 mm Hg + (2 x age years) <p>Age 10-64 years</p> <ul style="list-style-type: none"> SBP <90 mmHg or HR > SBP <p>Age ≥ 65 years</p> <ul style="list-style-type: none"> SBP < 110 mmHg or HR > SBP

Moderate Risk for Serious Injury	
Transport to closest appropriate trauma center which may not be the highest-level trauma center	
Mechanism of Injury	Special Considerations
<ul style="list-style-type: none"> High-Risk Auto Crash <ul style="list-style-type: none"> – Partial or complete ejection – Significant intrusion (including roof) <ul style="list-style-type: none"> ○ >12 inches occupant site OR ○ >18 inches any site OR ○ Need for extrication for entrapped patient – Death in passenger compartment – Child (age 0-9) unrestrained or in unsecured child safety seat – Vehicle telemetry data consistent with severe injury Rider separated from transport vehicle with significant impact (eg motorcycle, ATV, horse, etc) Pedestrian/bicycle rider thrown, run over, or with significant impact Fall from height > 10 feet (all ages) 	<p>Consider risk factors, including:</p> <ul style="list-style-type: none"> Low-level falls in young children (age ≤ 5 years) or older adults (age ≥ 65 years) with significant head impact Anticoagulant use Suspicion of child abuse Special, high resource healthcare needs Pregnancy > 20 weeks Burns in conjunction with trauma Children should be triaged preferentially to pediatric capable centers <p>Contact medical control and consider transport to a trauma center or specific resource hospital</p>

Level 1 Trauma Centers	Level 2 Trauma Centers	Level 3 Trauma Centers
Rhode Island Hospital	South Shore Hospital	Good Samaritan Medical Center
Beth Israel	St. Luke's Hospital	
Brigham and Women's		
Boston Medical Center		Verified Burn Centers
Mass General Hospital (Adult / Pediatric)		Brigham and Women's
UMASS Memorial (Adult / Pediatric)		Mass General Hospital
Children's Hospital, Boston (Pediatric)		Rhode Island (Adult/Pediatric)
Hasbro Children's Hospital (Pediatric)		
Tufts Medical Center		