Southeastern Massachusetts EMS Council, Inc (Region V)
Trauma Field Triage Criterial & 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

Preconfigured response initiated / appropriate pre-arrival instructions given based on local EMD

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

Yes/No

Yes →
- Transport to 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

No

Mechanism of Injury Triggers

Mechanism of Injury Criteria

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

Yes/No

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

No

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

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

Trauma Center POE Destinations:

Rhode Island Hospital	1-A & P
South Shore Hospital	2-A
St.Luke's Hospital	2-A
Good Samaritan Med Ctr.	3-A
Beth Israel	1-A
Brigham and Women's	1-A
Boston Medical Center	1-A & 2P
Mass General	1-A & 1 P
Tufts Medical Center	2-A
Floating Children's Hosp.	2-P
U Mass Memorial	1-A & 1-P
Children's Hospital	1-P

A-Adult, A&P – Adult and Pediatric
P – Pediatric Only

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