MEDICAL CONTROL POLICY STATEMENT/ADVISORY

No. 2022-10
Date: September 6th, 2022

Office of the Medical Director
Noel Wagner, MD, NRP
1575 Concentric BLVD
Saginaw, MI 48604
(989) 607-2060
Fax (989) 607-2061
SaginawTuscolaMCA.org

Field Triage Update

All Field Providers:

Recently, the American College of Surgeons made updates to the "National Guideline for the Field Triage of Injured Patients." Not only does this update include changes to patients that will most likely trigger a "Trauma Alert" at receiving facilities, it also makes recommendations on destinations of these patients. Because we have multiple trauma centers within the STMCA, destination recommendations will have no effect on our current destination protocols (**8-3 and 8-3(s)**).

While utilizing this updated guideline, EMS providers should look for any of the listed criteria and contact the receiving facility as soon as possible. The list is not all-inclusive and other important factors may not be listed. This list also **does not** indicate whether a patient is a Level 1 or Level 2 Trauma, and providers should refrain from using these terms. When calling report on a trauma patient, a provider should contact the hospital with their transport priority (Priority 1, 2, or 3) and "Trauma Alert."

A copy of the new guideline is attached. They will also be available in the EMS rooms for you to take and keep a copy. As always reach out with any questions.

Attachments: National Guideline for the Field Triage of Injured Patients

National Guideline for the Field Triage of Injured Patients

RED CRITERIA
High Risk for Serious Injury

Injury Patterns

- 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

Mental Status & Vital Signs

All Patients
- 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%

Age 0–9 years
- SBP < 70mm Hg + (2 x age in years)

Age 10–64 years
- SBP < 90 mmHg or
- HR > SBP

Age ≥ 65 years
- SBP < 110 mmHg or
- HR > SBP

Patients meeting any one of the above RED criteria should be transported to the highest-level trauma center available within the geographic constraints of the regional trauma system

YELLOW CRITERIA
Moderate Risk for Serious Injury

Mechanism of Injury

- High-Risk Auto Crash
  - Partial or complete ejection
  - Significant intrusion (including roof)
    - >12 inches occupant site OR
    - >18 inches any site OR
    - Need for extrication for entrapped patient
  - Death in passenger compartment
  - Child (age 0–9 years) 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)

EMS Judgment

Consider risk factors, including:

- 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

If concerned, take to a trauma center

Patients meeting any one of the YELLOW CRITERIA WHO DO NOT MEET RED CRITERIA should be preferentially transported to a trauma center, as available within the geographic constraints of the regional trauma system
(need not be the highest-level trauma center)