

DEPARTMENT OF HEALTH SERVICES  
COUNTY OF LOS ANGELES

(EMT, PARAMEDIC, MICN)  
REFERENCE NO. 506

SUBJECT: **TRAUMA TRIAGE**

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PURPOSE: To establish criteria and standards which ensure that patients requiring the care of a trauma center are appropriately triaged and transported.

AUTHORITY: California Code of Regulations, Title 13, Section 1105(c) California Code of Regulations, Title 22, Section 100236 et seq. Health and Safety Code, Div. 2.5, Section 1797 et seq., and 1317.

PRINCIPLES:

1. Trauma patients should be secured and transported from the scene as quickly as possible, consistent with optimal trauma care.
2. An emergency patient should be transported to the most accessible medical facility appropriate to their needs. The base hospital physician's determination in this regard is controlling.
3. Paramedics shall make base hospital contact or Standing Field Treatment Protocol (SFTP) notification for approved provider agencies with the designated trauma center, when it is also a base hospital, on all injured patients who meet Base Contact and Transport Criteria (Prehospital Care Policy, Ref. No. 808), trauma triage criteria and/or guidelines, or if in the paramedic's judgment it is in the patient's best interest to be transported to a trauma center. Contact shall be accomplished in such a way as not to delay transport.
4. Do not delay transport of hypotensive patients with penetrating torso trauma in order to apply spinal immobilization.
5. EMT personnel may immediately transport hypotensive patients with life-threatening, penetrating injuries to the torso to the closest trauma center, not the Most Accessible Receiving (MAR), when the transport time is less than the estimated time of paramedic arrival. The transporting unit should make every effort to contact the receiving trauma center.

POLICY:

- I. Trauma Criteria – Requires immediate transportation to a designated trauma center  
  
Patients who fall into one or more of the following categories are to be transported directly to the designated trauma center, if transport time does not exceed 30 minutes.
  - A. Systolic blood pressure less than 90 mmHg, or less than 70 mmHg in infants age less than one year.

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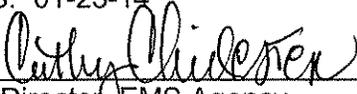
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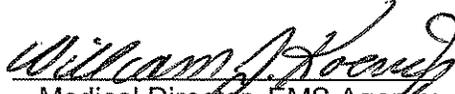
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REVISED: 07-01-14

SUPERSEDES: 01-23-14

APPROVED:

  
Director, EMS Agency

  
Medical Director, EMS Agency

- B. Respiratory rate greater than 29 breaths/minute (sustained), less than 10 breaths/minute, less than 20 breaths/minute in infants age less than one year, or requiring ventilatory support
  - C. Cardiopulmonary arrest with penetrating torso trauma unless based upon the paramedic's thorough assessment is found to be apneic, pulseless, asystolic, and without pupillary reflexes upon arrival of EMS personnel on scene.
  - D. All penetrating injuries to head, neck, torso, and extremities proximal to the elbow or knee
  - E. Blunt head injury associated with a suspected skull fracture, altered level of consciousness (GCS less than or equal to 14), seizures, unequal pupils, or focal neurological deficit
  - F. Injury to the spinal column associated with acute sensory or motor deficit
  - G. Blunt injury to chest with unstable chest wall (flail chest)
  - H. Diffuse abdominal tenderness
  - I. Suspected pelvic fracture (excluding isolated hip fracture from a ground level fall)
  - J. Extremity injuries with:
    - i. Neurological/vascular compromise and/or crushed, degloved, or mangled extremity
    - ii. Amputation proximal to the wrist or ankle
    - iii. Fractures of two or more proximal (humerus/femur) long-bones
  - K. Falls:
    - i. Adult patients from heights greater than 15 feet
    - ii. Pediatric patients from heights greater than 10 feet, or greater than 3 times the height of the child
  - L. Passenger space intrusion of greater than 12 inches into an occupied passenger space
  - M. Ejected from vehicles (partial or complete)
  - N. Auto versus pedestrian/bicyclist/motorcyclist thrown, run over, or with significant (greater than 20 mph) impact
  - O. Unenclosed transport crash with significant (greater than 20 mph) impact
- II. Trauma Guidelines – Mechanism of injury and patient history are the most effective methods of selecting critically injured patients before unstable vital signs develop. Paramedics and base hospital personnel should consider mechanism of injury and patient history when determining patient destination. At the discretion of the base hospital or approved SFTP provider agency, transportation to a trauma center is advisable for:
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- A. Passenger space intrusion of greater than 18 inches into any unoccupied passenger space
  - B. Automobile versus pedestrian/bicyclist/motorcyclist (impact equal to or less than 20 mph)
  - C. Injured victims of vehicular crashes in which a fatality occurred in the same vehicle
  - D. Patients requiring extrication
  - D. Vehicle telemetry data consistent with high risk of injury
  - E. Injured patients (excluding isolated minor extremity injuries):
    - i. on anticoagulation therapy other than aspirin-only
    - ii. with bleeding disorders
- III. Special Considerations – Consider transporting injured patients with the following to a trauma center:
- A. Adults age greater than 55 years
  - B. Systolic blood pressure less than 110 mmHg may represent shock after age 65 years
  - C. Pregnancy greater than 20 weeks gestation
  - D. Prehospital judgment
- IV. Extremis Patients - Requires immediate transportation to the MAR:
- A. Patients with an obstructed airway
  - B. Patients, as determined by the base hospital personnel, whose lives would be jeopardized by transportation to any destination but the MAR
- V. When, for whatever reason, base hospital contact cannot be made, the destination decision for injured patients will be made by paramedics using the principles set forth above.

**CROSS REFERENCE:**Prehospital Care Manual:Ref. No. 501, **Hospital Directory**Ref. No. 502, **Patient Destination**Ref. No. 503, **Guidelines for Hospitals Requesting Diversion of ALS Units**Ref. No. 504, **Trauma Patient Destination**Ref. No. 808, **Base Hospital Contact and Transport Criteria**Ref. No. 814, **Determination/Pronouncement of Death in the Field**