PEDIATRIC - Iowa Out of Hospital Trauma Triage Destination Decision Protocol

IF the patient meets the criteria for transport to a Level I or II Trauma Care Facility, enter Pulsara as TRAUMA patient type, if not, enter Pulsara as GENERAL

For all Transported Trauma Patients:

1. Patient report to include MOI, Injuries, Vital Signs & GCS, Treatment, Age, Gender, and ETA
2. Obtain further orders from medical control as needed.

***If ground transport time to a Level I or II Trauma Care Facility is LESS than 30 minutes, transport to the nearest Level I or II facility.
If ground transport time is GREATER than 30 minutes to Level I or II Trauma Care Facility, transport to the nearest appropriate TCF.
If time can be saved or level of care needs exist, tier with ground or air ALS service program

STEP 1 - Time Critical Injuries: LEVEL OF CONSCIOUSNESS & VITAL SIGNS
Abnormal Responsiveness:

- ( ) Abnormal or absent cry or speech
- ( ) Decreased response to parents or environmental stimuli
- ( ) Floppy or rigid muscle tone or
- ( ) Not moving

AVPU results of:

- ( ) Verbal
- ( ) Pain
- ( ) Unresponsive

OR
Airway / Breathing Compromise:

- ( ) Obstruction to airflow
- ( ) Stridor
- ( ) Noisy breathing
- ( ) Increased/ excessive retractions
- ( ) Abdominal muscle use
- ( ) Nasal flaring
- ( ) Wheezes
- ( ) Grunting
- ( ) Gasping
- ( ) Gurgling
- ( ) Decreased/ absent respiratory effort
- ( ) Noisy breathing
- ( ) Respiratory rate outside of normal range

OR
Circulatory Compromise

- ( ) Cyanosis

( ) Mottling
( ) Paleness/ pallor
( ) Obvious or significant bleeding
( ) Absent or weak peripheral or central pulses
( ) Pulse outside of normal range
( ) Systolic BP outside of normal range
( ) Capillary refill > 2 seconds with other abnormal findings
( ) Glasgow Coma Score ≤13

If STEP 1 does NOT apply, Move to STEP 2.

STEP 2 - ANATOMY OF INJURY
( ) All penetrating injuries to head, neck, torso and extremities proximal to elbow or knee
( ) Chest wall instability or deformity (e.g., flail chest)
( ) Suspected two or more proximal long-bone fractures
( ) Suspected pelvic fractures
( ) Crushed, degloved, mangled, or pulseless extremity
( ) Amputation proximal to wrist or ankle
( ) Partial or full thickness burns > 10% TBSA or involving face/airway
( ) Open or depressed skull fracture
( ) Paralysis or Paresthesia

If STEP 2 does NOT apply, move to STEP 3.

STEP 3 - MECHANISM OF INJURY & HIGH ENERGY TRANSFER
Falls
( ) PEDS: > 10 feet OR two times the height of the child
High-risk auto crash
( ) Interior compartment intrusion, including roof:
  ( ) >12 inches occupant site
  ( ) >18 inches any site
( ) — Ejection (partial or complete) from automobile
( ) — Death in same passenger compartment
( ) — Vehicle telemetry data consistent with high risk of injury
( ) Auto vs. pedestrian/bicyclist thrown, run over, or with significant (>20 mph) impact
( ) Motorcycle crash >20 mph

***Transport to the nearest appropriate Trauma Care Facility, need not be the highest level trauma care facility.

If STEP 3 does NOT apply, move to STEP 4.

STEP 4 - RISK FACTORS:

( ) Pregnancy > 20 weeks
( ) EMS provider judgment
( ) ETOH/Drug use
( ) Anticoagulants
( ) Bleeding disorders
( ) - Patients with head injury are at high risk for rapid deterioration

***Transport to nearest appropriate trauma care facility, which does not need to be the highest level TCF.

If no criteria in the above 4 steps are met, follow local protocol for patient disposition.

WHEN IN DOUBT, TRANSPORT TO NEAREST TRAUMA CARE FACILITY FOR EVALUATION.