REGION I EMERGENCY MEDICAL SERVICES
STANDING MEDICAL ORDERS
EMT – Basic, EMT – Intermediate, EMT – Paramedic

SMO: Minimum Field Triage Criteria

Overview: The following patients are those who in the opinion of the American College of Surgeons Committee on Trauma are to have an increased mortality/ morbidity if not treated at a trauma center, and should therefore be classified as trauma patients. These patients require transport to the nearest trauma center. The decision to triage to the nearest trauma center or directly to the Level I trauma center remains with Medical Control, as does aeromedical evacuation.

GUIDELINES

I. Physiologic Factors

A. Adult Trauma Score of 10 or less or Pediatric Score of 8 or less
B. Airway difficulties requiring intubation or other interventions at the scene
C. Trauma with altered respiratory rate > 35/ minute or < 12/ minute
D. Any multiple trauma patient with signs of hypoperfusion

II. Anatomic Factors

A. Head, face and eye

1. HEAD INJURY WITH PERSISTENT UNCONSCIOUSNESS OR FOCAL SIGNS (i.e. SEIZURES, POSTURING, UNABLE TO RESPOND TO SIMPLE COMMANDS)
2. Head injury with LOC or an altered Glasgow Coma Score
3. Traumatic and chemical eye injuries
4. Maxillofacial trauma
5. Penetrating injury to the neck

B. Chest

1. TRANSMEDIASTINAL GUNSHOT WOUNDS
2. Penetrating injury to the chest
3. Blunt chest trauma (significant pain and/or obvious external signs)

C. Abdomen

1. Penetrating injury to the abdomen or groin
2. Blunt abdominal trauma (significant pain and/or obvious external signs)

D. Spinal Cord

1. SPINAL CORD INJURY WITH PARALYSIS
2. Any suspected spinal cord injury in the absence of neurological deficit

E. Extremity

1. Multiple orthopedic injuries (>1 long bone fracture)
2. Major extremity injury with vascular compromise (blunt and penetrating)
3. Traumatic amputation proximal to the wrist or ankle

III. Deceleration Injury

A. High energy dissipation—rapid acceleration with blunt chest or abdominal injury
B. Falls of 20 feet or greater with the adult patient
C. Falls of 3 times the height of the pediatric patient

IV. Motor Vehicle Incidents

A. Extrication time of 20 minutes or more
B. Passenger space invaded by 12 or more inches
C. Ejection
D. Fatality at the scene within the same motor vehicle
E. Rollover
F. Child under 12 years struck by car
G. Child 5 years old or younger involved in any MVA without age appropriate restraint (under age 4 or less than 40 pounds require a car seat)
H. Motorcycle crash greater than 20 mph and separation of rider from bike

V. Major Burns

A. 20% total body surface of 2nd and 3rd degree burns
B. Any burn patient with obvious head, neck or airway involvement

VI. Pediatric Trauma with one or more of the following:

A. HEAD TRAUMA WITH PERSISTENT ALTERED LEVEL OF CONSCIOSNESS OBVIOUS CHEST OR ABDOMINAL TRAUMA, EITHER PENETRATING OR BLUNT
B. Pediatric Trauma Score of 8 or less
C. Child under 12 struck by car
D. Child 5 years old or younger involved in any MVA without age appropriate restraint (under age 4 or less than 40 pounds require a car seat)

VII. Maternal Trauma Patients with significant mechanism and/or obvious signs of Trauma

A. THE PREGNANT PATIENT 20 – 32 WEEKS
B. The pregnant patient 32 – 40 weeks
C. Maternal patient who meets any other trauma criteria

VIII. Blunt and Penetrating Traumatic Arrests are at the discretion of Medical Control

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CATEGORY I

Blunt or Penetrating Trauma with Unstable Vital Signs and/or:

- Hemodynamic Compromise as evidenced by:
  - BP ≤ 90 systolic
  - Peds BP ≤ 80 systolic
- Respiratory Compromise as evidenced by:
  - Respiratory rate < 10 or > 29
- Altered Mentation as evidenced by:
  - Glasgow Coma Scale ≤ 10

Anatomical Injury:

- Penetrating injury of head, neck, torso, groin
- Two or more body regions with potential life or limb threat
- Combination trauma with ≥ 20% TBSA burn
- Amputation above wrist or ankle
- Limb paralysis and' or sensory deficit above the wrist and ankle
- Flail chest
- Two or more proximal long bone fractures

YES

- Initiate Field Trauma Treatment Standard Operating Procedures
- Rapid Transport to Trauma Center (1)

NO

CATEGORY II

Mechanism of Injury

- Ejection from motor vehicle
- Death in same passenger compartment
- Falls > than 20 feet
- Peds fall ≥ three times body length of child
- Pregnancy ≥ 24 weeks

YES

NO

- *Initiate Field Trauma Treatment Standard Operating Procedures and Transport to Closest Hospital

MANDATORY NOTIFICATION FROM FIELD OF TRAUMA SURGEON:

- **SUSTAINED HYPOTENSION – BP ≤ 90 SYSTOLIC (PEDS ≤ 80 SYSTOLIC) ON TWO CONSECUTIVE MEASUREMENTS FIVE MINUTES APART OR CAVITY PENETRATION OF TORSO OR NECK**

(1) > 25 minutes from Trauma Center, transport to nearest affiliate trauma hospital
(2) > 35 minutes from Trauma Center or affiliate hospital, transport to nearest hospital
(3) > 45 minutes from Trauma Center or affiliate hospital in a rural area where there is no comprehensive hospital available, transport to the nearest hospital

REFERRENCE: Adapted from Trauma Care System Guidelines, ACEP, 1992, and Resources for Optimal Care of….