MEHLVILLE FIRE PROTECTION DISTRICT
EMERGENCY MEDICAL SERVICES
GUIDELINES FOR PREHOSPITAL EMERGENCY CARE

SUBJECT: 800.01
TRAUMA:
TRAUMA CLASSIFICATION CRITERIA
TRAUMA SERVICE ACTIVATION

ORIGINAL ISSUE 5/08
LATEST REVISION 1/10

The EMS Provider must assure that all seriously injured patients are properly identified, stabilized, and transported to the closest most appropriate designated trauma center.

The State of Missouri Trauma Classification Criteria will be used to identify the seriously injured patient.

Level I Trauma: must be transported to a Level I or II Trauma Center.

- Glasgow Coma Scale < 14 at time of report
- Systolic BP
  - ADULTS <90 at any time and/or clinical signs of shock
  - PEDS 0-12 months < 70
    - 1-5yrs <80
    - 6-12 yrs< 90 and/or clinical signs of shock
- Respiratory rate:
  - ADULTS < 10 or > 29
  - PEDS: 0-12 months > 60
    - 1-5 years > 44
    - 6-12 years > 30
    - 13 years or older > 22
- Heart Rate:
  - ADULTS >120, and/or clinical signs of shock
  - PEDS: 0-12 months > 160
    - 1-5 years > 130
    - 6-12 years > 115
    - 13 years or older > 100 and/or clinical signs of shock
- All penetrating injuries to head, neck, torso, boxer short and T-shirt coverage areas
- Airway compromise or obstruction, flail chest, hemo- or pneumothorax, patients intubated on scene
- Two or more proximal long-bone fractures
- Extremity trauma with loss of distal pulses
- Amputation proximal to wrist and ankle
- Pelvic fractures
- Open or depressed skull fractures
- Paralysis or signs of spinal cord or cranial nerve injury
- Active or uncontrolled hemorrhage
- BURNS: ADULTS: Major burns >20% BSA or any signs of inhalation injury
  - PEDS: BURNS > 10% BSA or any signs of inhalation injury
- PEDS other: Maxillo-facial or upper airway injury 2 or more extremity fractures

SUBJECT: 800.01
TRAUMA:
TRAUMA CLASSIFICATION CRITERIA
TRAUMA SERVICE ACTIVATION

Level II Trauma: must be transported to a Level I or II Trauma Center.

- Falls
  - ADULTS: > or = 20 ft (one story = 10 ft.)
  - PEDS: > or = 10 ft.
- High-risk auto crash Intrusion:
  - > 12 in occupant site;
  - > 18 inches in any site
  - Ejection (partial or complete) from automobile or rollover
  - Death in same passenger compartment
  - Vehicle telemetry data consistent with high risk of injury or highway speed
- High-risk Pedestrian, Cycle, ATV Crash
  - Auto v. Pedestrian/bicyclist thrown, run over, or with significant (> or = 20 mph) impact
  - Motorcycle or ATV crash > or = 20 mph with separation of rider or with roll-over
- Crush, degloved, or mangled extremity
- One proximal long-bone fracture and All open fractures
- Penetrating injuries distal to T-shirt and boxer area to wrist and to ankle
- Assault with prolonged Loss of Consciousness
- Pregnancy with acute abdominal pain and traumatic event
- Non-major burns with associated trauma
- PEDS other:
  - Seat Belt Sign
  - Unrestrained child 8 years of age or younger

Class III Trauma: preferential transport to the closest hospital.

- Age:
  - OLDER ADULTS: > age 55
  - PEDS: < 15 years –potential for admission triage preferentially to pediatric capable trauma centers
- Falls:
  - ADULTS 5-20 Feet
  - PEDS < 10 feet
- Burns
  - Non-major burns without other trauma mechanism: Triage to burn facility
  - PEDS: Burns < 10%
- Lower-risk Crash
  - MVC < 40 MPH or UNK speed
  - Auto v. Pedestrian/bicyclist with <20 mph impact
  - Motorcycle or ATV crash < 20 mph with separation of rider or rollover
- Amputation distal to wrist or ankle of two or more digits
- Medical Co-Morbidity
  - Anticoagulation and bleeding disorder
  - End-stage renal disease requiring dialysis
  - All pregnant patients involved in traumatic event
- Penetrating injury distal to wrist or ankle
- Assault without Loss of Consciousness
- Suspected child or elder abuse
- Near drowning
- Near hanging
- EMS provider judgment

- If transport can not be made in 20 minutes or less, consider request for air ambulance assist.
- Any patient in cardiac arrest should be transported to the closest acute care hospital with a physician on duty in the Emergency Department.

GLASGOW COMA SCALE

Eye Opening		Best Verbal Response		Best Motor Response	
Spontaneous	4	Oriented	5	Obeys	6
To Voice	3	Confused	4	Localizes	5
To Pain	2	Inappropriate	3	Withdraws	4
None	1	Incomprehensible	2	Flexion	3(decorticate)
		None	1	Extension	2(decerebrate)
				None	1

SUBJECT: 800.01
TRAUMA:
TRAUMA CLASSIFICATION CRITERIA
TRAUMA SERVICE ACTIVATION

In accepting the axiom that early and effective management of shock due to trauma can reduce morbidity and mortality, the following system has been developed to assist in early activation of the Trauma Team. Paramedics and Emergency personnel will obtain specific information as described in Trauma Triage and Transport protocol, including VS and LOC, anatomical injuries, mechanism of injury and comorbid factors to determine whether the Trauma Team may need to be activated.

“Activation” status implies that immediate surgical evaluation and management will very likely be necessary. In this situation, the Trauma Surgeon on-call should personally be in the Emergency Department as soon as possible to oversee evaluation and treatment of the trauma patient. The Emergency Department physician may activate the Trauma Team upon consideration of the pre-hospital information provided. Therefore, it is imperative for the Paramedics and Emergency personnel to relay the appropriate patient information based on the major trauma classifications to expedite this process.