RUHS Major Trauma Triage Criteria

Vital Signs – Physiology:

BP ≤ 90 for adults and age specific hypotension in children

- 6 years and older ≤ **90**
- 2-5 years old ≤ **80**
- 12-24 months ≤ **75**
- Infant under 1 year ≤ **70**

Respiratory compromise (RR ≤ 10 or ≥ 29; ≤ 20 infant age ≤ 1 year), obstruction, or intubation
GCS ≤ 13
Traumatic Full Arrest

Anatomic Injury:

All Penetrating Injuries to the Head, Neck, Torso, & extremities (proximal to elbow or knee), (e.g. GSW, Stabbing)
Flail Chest/Chest wall Instability
Pelvic Fractures
≥ Two (2) Proximal Long Bone Fractures
Amputation proximal to wrist or ankle
Crushed, degloved, mangled **OR** pulseless extremity
Tourniquet applied to extremity or suspected vascular (venous/arterial) injury
Open **OR** depressed skull fracture
Paralysis of any extremity
Seat-belt sign (e.g. bruising to abdominal wall/ neck/ chest)

Mechanism of Injury:

Falls ≥ 20 feet (e.g. 2 stories), **OR** 3 times the height of the child
High risk auto crash*:*

- Intrusion ≥ 12 inches occupant site **OR** 18 inches ANY site
- Ejection from automobile
- Death in same vehicle
- Vehicle Roll-over
- T-bone crash ≥ 40 mph

Auto versus pedestrian ≥ 20 mph
Bicyclist thrown, run over, **OR** with ≥ 20 mph
Motorcycle crash ≥ 20mph
All Hangings and Strangulation arriving by EMS **OR** ED attending evaluation

Special Trauma Circumstances:

Patients transferred from other hospitals receiving blood to maintain vital signs
Air transport without sufficient information
≥ 15% BSA 2nd & 3rd degree Burns **OR** any signs of smoke inhalation injury
High voltage electrocution
Age ≥ 65 **WITH** SBP ≤ 110 **OR** +LOC
ALL Pregnancy ≥ 20 weeks arriving by EMS
Pregnancy ≥ 20 weeks arriving through triage: ambulatory patients with major mechanism, requiring admission, **OR** ED attending evaluation
Anticoagulants **OR** antiplatelet therapy (including aspirin) with: (1) signs of injury above the clavicle (e.g. scalp hematoma) **OR** (2) +LOC of **ANY AGE**, including ground level falls

Other Considerations:

Emergency physician discretion can be used to activate any pre-hospital or Emergency Department patient as a "**Major Trauma Activation"** not meeting pre-established criteria.
Any patient in which significant injuries are identified, a "**Major Trauma Activation**" will be called.
Any traumatic injury requiring admission, not meeting major criteria above, requires a "**Trauma Consult**". This includes children being admitted for suspected Non-Accidental Physical Trauma. Trauma Team Response: Resident = 30 minutes, Attending = 60 minutes. Trauma will determine service for admission of isolated, single-system injuries. If comorbidities exist, non-surgical admission may be considered with additional tertiary exam.

Trauma Services Resources:

Immediate response by trauma team in all "**Major Trauma Activation**", including attending surgeon. Attending Trauma Surgeon is Trauma Team Leader.

- Defines Roles
- Guides Resuscitation Process
- Define acute/emergent interventions in Trauma Bay
- Responsible for Final Disposition & Level of Care

- ED Primary for Endotracheal intubation however, trauma captain decides escalation following unsuccessful intubation.