

POLICY: 553.25
TITLE: Trauma/Burn Triage & Patient Destination

EFFECTIVE: 10/25/2024
REVIEW: 10/2027
SUPERCEDES:

APPROVAL SIGNATURES ON FILE IN EMS OFFICE

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Trauma/Burn Triage & Patient Destination

I. AUTHORITY

Division 2.5, California Health and Safety Code, Sections 1797.222, 1798.162, 1798.163
California Code of Regulations Section 100255

II. DEFINITIONS

A. **Pediatric or pediatric patient** means an individual age 14 and under.

B. **Pediatric Trauma Center** means a designated facility identified by the Mountain Counties EMS Agency) to receive pediatric trauma patients directly from the field, including:

1. UC Davis Medical Center (Level I)
2. UCSF Benioff Children's Hospital, Oakland (Level I)
3. Renown Children's Hospital, Reno Nevada (Level II)
4. Valley Children's Hospital, Madera (Level II)

C. **Trauma Center** means a licensed hospital, accredited by the Joint Commission on the Accreditation of Healthcare Organizations, which has been designated as a Level I, II, III or IV trauma center or as a Level I or II pediatric trauma center identified by the Mountain Counties EMS Agency (MCEMSA) to receive trauma patients directly from the field, including:

1. Doctors Medical Center (Level II)
2. Memorial Medical Center, Modesto (Level II)
3. "Trauma Centers" may be designated by other Local EMS Agencies and in some cases, may be the closer facility. If this is the case, trauma patients may be transported directly from the field, these include:
 - i. UC Davis Medical Center (Level I)
 - ii. Mercy San Juan (Level II)
 - iii. Sutter Roseville (Level II)
 - iv. Kaiser South Sacramento (Level II)
 - v. Renown Regional Medical Center (Level II)
 - vi. San Joaquin General (Level II)

D. **Trauma** means physical injury or wound caused by significant external force, high-

energy exchange, a rapid deceleration, or violence.

- E. **Trauma Triage criteria** means a guideline for assessing the severity of a person's potential injuries that is used to direct transportation of trauma patients to the appropriate Trauma Center.
- F. **Base Hospital** means a hospital approved and designated by the Agency to provide immediate medical direction and supervision of EMT, AEMT, and paramedic personnel in accordance with policies and procedures established by the Agency as defined in MCEMSA Policy number 506.00.
- G. **Burn Center** means an intensive care unit in which there are specially trained physicians, physician assistants (PA), nurse practitioners (NP), nursing and supportive personnel and the necessary monitoring and therapeutic equipment needed to provide specialized medical and nursing care to burned patients. including UC Davis and Community Regional Medical Center, Fresno.

III PURPOSE

- A. To establish guidelines for identifying trauma patients and for determining their destination.
- B. To ensure appropriate utilization of resources within the Mountain Counties EMS system.

IV. POLICY

This policy shall serve to identify patients who are at risk for severe injury and determines the most appropriate destination for transport.

V. PROCEDURE

- A. Prehospital EMS Personnel SHALL notify the Base Hospital **IMMEDIATELY** when it is determined that the patient meets trauma triage criteria to advise the Base Hospital. This notification does not have to originate from the person actually caring for the patient but may come from another member of the patient care team.
 - 1. Base Hospital notification SHALL include:
 - a. age
 - b. mechanism
 - c. trauma triage criteria
 - d. ETA
 - 3. A full Base Hospital report to the destination Trauma Center from the pre-hospital provider should be made after transport has been initiated in order to assist the Trauma Center in determining appropriate levels of trauma team activation.
- B. Triage Upgrade

A patient's triage status may always be upgraded if the patient's condition deteriorates during assessment or transport. A patient's triage status shall not be downgraded by a nurse or paramedic.

C. Destination Decisions

1. All injured patients (Adult & Pediatric) meeting trauma triage criteria shall be transported by the quickest, most appropriate means, ground or air.
 - a. If a trauma patient meeting criteria is to be transported by air and environmental conditions do not allow for an air transport, a ground ambulance shall transport to the closest Level I or Level II Trauma Center bypassing all other receiving facilities unless the patient has a life-threatening condition that overrides the need for expedient surgery. In these cases, trauma patients should be transported to the closest facility. This includes, but is not limited to, conditions such as:
 - i. Obstructed airways
 - ii. Any patient with CPR in progress or with rapidly deteriorating vital signs that CPR will likely be initiated during transport.
 - iii. Tension pneumothorax which has not been relieved or stabilized in the prehospital setting, or
 - iv. Inability to ventilate patient via bag valve mask with BLS airway adjunct or advanced airway if placed.
 - v. Situations where the patient meets criteria as outlined in policy 570.20 "Determination of Death". Such patients should be transported to the closest appropriate receiving facility or pronounced dead in the field if they meet the criteria outlined in policy 570.20.
 - b. Pediatric patients meeting criteria to be transported to a Pediatric Trauma Center shall be transported by air ambulance if the environmental conditions allow. If air resources are unavailable and/or patient is not stable for transport to a Pediatric Trauma Center, transport to the closest adult Level I or II Trauma Center is acceptable.
2. If a Trauma Center is on Trauma Bypass, trauma patients will be transported to the next closest available Level I or Level II Trauma Center as directed by the Base Hospital.
3. Any disputes regarding distribution of patients should be documented on an Unusual Occurrence Report and faxed or electronically transmitted to MCEMSA within 72 hours for review.

D. Burn Triage Criteria:

1. A patient (adult or pediatric) whose primary injuries are burns may be transported directly to a Burn Center from the field. These injuries include:

- a. Partial/full thickness (2nd or 3rd degree) burns involving greater than 15% total body surface area (TBSA) without airway compromise.
 - b. Patients with partial/full thickness (2nd or 3rd degree) burns greater than 10% TBSA without airway compromise with the following:
 - i. Greater than 60 years of age
 - ii. Associated trauma meeting Trauma Triage Criteria (and if transport can be completed within 60 minutes)
 - iii. Significant co-morbidities (including but not limited to COPD, cardiac condition, poorly controlled diabetes, bleeding disorder or anticoagulant therapy, dialysis patients)
 - c. Partial/full thickness (2nd or 3rd degree) burns of face, hands, feet, major joints, genitals, perineum or circumferential burn to any body part
 - d. Significant electrical injuries with loss of consciousness, voltage in excess of 220, and/or open wounds
 - e. Electrical injuries resulting in a loss of distal pulses
 - f. Significant inhalation injury with successful intubation
 - g. Chemical burns with wounds >5% TBSA
2. All burns with airway compromise, wheezing, stridor, carbonaceous sputum, nasal singeing or significant facial edema must have an evaluation for intubation either by air ambulance personnel or by the emergency physician at the closest appropriate receiving facility prior to transport to the closest Regional Burn Center at UC Davis or Community Regional Medical Center, Fresno, if the ground ambulance is unable to intubate the patient.

