

PEDIATRIC	OUT OF HOSPITAL TRAUMA TRIAGE DESTINATION DECISION PROTOCOL	PEDIATRIC
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The following criteria shall be utilized to assist the EMS provider in the identification of time critical injuries, method of transport and trauma care facility resources necessary for treatment of those injuries

Step 1 - Assess for 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. **Verbal, Pain, or Unresponsive** on AVPU scale.

OR

Airway/Breathing Compromise: obstruction to airflow, gurgling, stridor or noisy breathing. Increased/excessive retractions or abdominal muscle use, nasal flaring, stridor, wheezes, grunting, gasping, or gurgling. Decreased/absent respiratory effort or noisy breathing. Respiratory rate outside normal range.

OR

Circulatory Compromise: cyanosis, mottling, paleness/pallor or obvious significant bleeding. Absent or weak peripheral or central pulses; pulse or systolic BP outside normal range. Capillary refill > 2 seconds with other abnormal findings.

Glasgow Coma Score ≤13

If ground transport time to a Resource (Level I) or Regional (Level II) Trauma Care Facility is less than 30 minutes, transport to the nearest Resource (Level I) or Regional (Level II) Trauma Care Facility. If greater than 30 minutes, ground transport time to Resource (Level I) or Regional (Level II) Trauma Care Facility, transport to the nearest appropriate Trauma Care Facility. If time can be saved or level of care needs exist, tier with ground or air ALS service program

If step 1 does not apply, move on to step 2

Step 2 - Assess for Anatomy of an 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

Crushed, degloved, mangled, or pulseless extremity

Amputation proximal to wrist or ankle

Partial or full thickness burns > 10% TBSA or involving face/airway

Suspected pelvic fractures

Open or depressed skull fracture

Paralysis or Parasthesia

If ground transport time to a Resource (Level I) or Regional (Level II) Trauma Care Facility is less than 30 minutes, transport to the nearest Resource (Level I) or Regional (Level II) Trauma Care Facility. If greater than 30 minutes ground transport time to Resource (Level I) or Regional (Level II) Trauma Care Facility, transport to the nearest appropriate Trauma Care Facility. If time can be saved or level of care needs exist, tier with ground or air ALS service program

If step 2 does not apply, move on to step 3

Step 3 - Consider Mechanism of Injury & High Energy Transfer

Falls: >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 on to step 4

Step 4 - Consider risk factors:

Pregnancy > 20 weeks

EMS provider judgment

ETOH/Drug use

Anticoagulants and bleeding disorders

—Patients with head injury are at high risk for rapid deterioration

Transport to the nearest **(Any Level)** Trauma Care Facility

If none of the 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.

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.**