| EMT |
| :--- |
| AEMT |
| Paramedic |

UNSTABLE/DETERIORATING VITAL SIGNS?
(Associated with significant traumatic mechanism)

- Systolic $\mathrm{BP}<90 \mathrm{mmHg}$ (or age equivalent)
- Respiratory Rate $<10$ or $>30$ (or need for ventilatory support)

- Penetrating injury to the head, neck, torso or extremities proximal to the elbow or knee
- Open/depressed skull fx
- Paralysis (bilateral motor weakness)
- Flail chest
- Unstable Pelvis
- Long bone fractures of two or more extremities
- Crushed, mangled or pulseless extremity
- Amputation proximal to wrist or ankle
- Burns of $>15 \%$ BSA or to face/airway

NO

## HIGH-ENERGY MECHANISM?

- Falls > 10 feet (all ages)
- High-Risk Vehicle Crash:
- Ejection (partial or complete)
- Death in the same compartment
- Intrusion >12 inches into the patient, or >18 inches into passenger compartment
- Rider separated from vehicle (motorcycle, ATV, horse, etc.) with significant impact.
- Pedestrian/bicyclist with significant impact

NO

ANY SPECIAL CONSIDERATIONS?
Low impact mechanisms (e.g. ground level falls) with potential for severe/occult injury.

- Adults
- > 65 years old with a SBP $<110$
- History of severe heart or lung disease or other severe comorbidities
- Children <15 years old
- Pregnancy >20 weeks
- Patients taking anticoagulants (or with bleeding disorders) with head injury and/or other potential occult injury


YES Ground Transport to Any Emergency Department capable of timely/thorough evaluation and stabilization of potential injuries.

- Children < 15 years old should be transported to a dedicated pediatric emergency department and/or pediatric trauma center.
- Pregnant patients (>20 weeks gestation) should be transported to a facility with High Risk OB availability.
- Consider transport to a Designated Trauma Center for high risk patients if available \& within a reasonable distance/time.

Q-03 TRAUMA DESTINATION

Frst Responser
EMT
AEMT
Paramedic

## NOTES:

- "Medical Miranda": Transport of the patient to a requested destination shall not constitute neglect of duty imposed by law IF the person making the decision (e.g. patient or legal guardian) has been informed that Tennessee has a trauma system, which would in their circumstance transport them to another facility.
- Medical Control will have final jurisdiction over destination, excluding requests made by:
- Any patient of legal majority (age 18 or over)
- The parent or legal guardian of a minor patient
- An emancipated minor
- If the patient's condition deteriorates during transport (such that their life/health are considered in serious jeopardy if the planned destination is pursued), AND, when contacted, if online Medical Control deems transport to a higher level trauma center is necessary, the patient may be transported against their request to the appropriate facility.


## TRAUMA TREATMENT PRIORITIES - also see Initial Multi-System Trauma [T-01]

- If multiple patients, initiate the S.T.A.R.T. [1-R3] and Multiple Casualty Incident System
- Treat patient(s) per appropriate clinical guideline(s), including oxygen/airway maintenance and fluid resuscitation appropriate for the patient's condition.
- The patient should be packaged and transported as soon as possible to a trauma center or to rendezvous with an aircraft if they meet any of the criteria for a Level 1 Trauma Center in the Destination Criteria above.
- Non-lifesaving procedures such as splinting and bandaging must not delay transport (except for control of life-threatening hemorrhage).


## QI Review Parameters:

1. \{pending\}
