



East Texas Gulf Coast Regional Trauma Advisory Council

Trauma Pre-Hospital Triage and Transport Guidelines

Step 1: Primary Assessment

Can you maintain an adequate airway and/or Spontaneous pulse?

NO

Transport to the nearest hospital immediately.

YES

Step 2: Physiology

- Systolic blood pressure <90?
- Respirations <10/min or >30/min or intubated?
- Glasgow Coma Scale <14 or AVPU =P or U and RTS <11?
- **IS YOUR PATIENT IN SHOCK**

YES

TRANSFER BY FASTEST MEANS AVAILABLE TO THE NEAREST **APPROPRIATE** DESIGNATED TRAUMA FACILITY.

NO

Step 3: Anatomy (any of the following)

- Penetrating injuries to the head, neck, torso, or extremities above elbow/knee (with physiologic criteria)
- Flail chest
- Two or more proximal long-bone fractures
- Suspected pelvic fracture or amputation above wrist/ankle
- Severe burns (>20% 2nd or 3rd degree, or burns to face, airway, hands, feet, genitalia, or circumferential)
- Paralysis or signs of spinal cord injury
- Open, depressed, or suspected skull fracture
- Mid-shaft Femur Fracture or other open long bone fractures

YES

- Level I/II
 - Patients in shock, tourniquet usage, uncontrolled severe bleeding, penetrating trauma to the head/neck or torso, Near or full amputations of limb, Unstable pelvis, Open or depressed skull fracture.
- Other designated Trauma Center
 - Age > 55, Anticoagulant use, Pregnancy >20 weeks, Falls >20 feet, High risk MVC, Pedestrian or cyclist struck by auto, Motorcycle >20 mph.
- **All Pediatrics with injuries greater than basic first aid should be transported to a designated trauma facility.**

NO

Transport to Local Hospital

Agency RAC Representative

Medical Director

Date