



# ESCAMBIA COUNTY TRAUMA TRANSPORT



## Escambia County, Florida - ALS/BLS Medical Protocol

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**TRAUMA ALERT CRITERIA** are established state mandated criteria.

### ADULT TRAUMA ALERT CRITERIA

(Physical and anatomical characteristics of a person 16 years of age or older)

**Any 1 of the following:**

**1. Airway:**

Needs assistance beyond oxygen

**2. Circulation:**

A. Lacks radial pulse with HR >120/min

B. BP < 90 mm Hg

**3. Best Motor Response (BMR):**

A. 4 or < on BMR of GCS

B. Paralysis

C. Loss of Sensation

D. Suspected SCI

**4. Cutaneous:**

A. 2<sup>nd</sup> or 3<sup>rd</sup> burns  $\geq$ 15%

B. Amputation proximal to ankle or wrist

C. Penetrating injury to head, neck, torso



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### 5. Longbone Fracture:

The patient reveals signs or symptoms of 2 or more longbone fx\* (humerus, radius and ulna, femur, tibia and fibula)

\*Tib/fib and rad/ulna count as one fx

\*Isolated distal wrist fx is not a Trauma Alert

\*Isolated hip fx is not a Trauma Alert

### Minimum of 2 of the following:

#### 1. Airway:

RR  $\geq$  30

#### 2. Circulation:

HR  $\geq$  120

#### 3. Best Motor Response (BMR):

BMR = 5

#### 4. Cutaneous:

A. Major degloving

B. Flap avulsion > 5 inches

C. GSW to extremity

#### 5. Longbone Fx:

Single fracture resulting from a MVA or fall of  $\geq$  10 feet

#### 6. Age:

$\geq$  55 years of age



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### 7. Mechanism:

- A. Ejection from a motor vehicle
- B. Drive has impacted the steering wheel and has caused deformity of it

**After evaluation in the first two (2) columns, the patient shall be assessed using all elements of the Glasgow Coma Scale. A score of 12 or less shall be a Trauma Alert.**

(Excluding those persons with a GCS which is normally 12 or below due to a preexisting condition)

In the event that none of the prior conditions are identified:

**An EMT or Paramedic can call a Trauma Alert, if in his or her judgment, the patient's condition warrants such action.**

### PEDIATRIC TRAUMA ALERT CRITERIA

(Physical and anatomical characteristics of a person under 16 years of age)

**Any 1 of the following:**

#### 1. Airway:

- A. Intubated
- B. Airway Maneuvers
- C. Mult. Suctioning
- D. Other Ventilatory means.

#### 2. Consciousness:

- A. Drowsiness
- B. Lethargy



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- C. Inability to follow commands
- D. Unresponsiveness
- E. Coma
- F. Paralysis
- G. Suspicion of SCIH. Loss of sensation

### 3. Circulation:

- A. Faint or lacks radial or femoral pulse
- B. SBP < 50 mm

### 4. Fracture:

- A. Open longbone FX
- B. Multiple FX
- C. Multiple Dislocations

### 5. Cutaneous:

- a. 2<sup>nd</sup>/3<sup>rd</sup> burns,  $\geq 10\%$
- b. Amputation above the wrist or ankle
- c. Penetrating injury to head, neck, torso
- d. Major degloving
- e. Major flap avulsion



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### Minimum of 2 of the following:

#### 1. Consciousness:

- A. Signs of amnesia
- B. Loss of consciousness

#### 2. Circulation:

Carotid or Femoral pulse is palpable, but radial and pedal are not and BP is  $\leq 90$  mm.

#### 3. Longbone Fracture

Signs or symptoms of a single longbone fracture.

#### 4. Size:

11 kg or less or body length equivalent to this weight on a Broselow tape.

**In the event that none of the prior conditions are identified, an EMT or Paramedic can call a Trauma Alert, if in his or her judgment, the patient's condition warrants such action.**

### I. POSSIBLE CAUSES

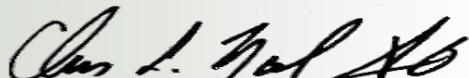
- A. Penetrating injury such as stab wound or gunshot wounds
- B. Blunt trauma, such as that caused by a motor vehicle accident or fall
- C. Burns
- D. Amputations
- E. Other potentially life-threatening injuries requiring immediate surgical intervention.



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### II. SIGNS & SYMPTOMS

See above charts

### III. INITIAL ASSESSMENT

- A. Rapid scene survey for crew safety
- B. Rapid patient assessment
- C. Apply cardiac monitor

### IV. TREATMENT

- A. Maintain airway and immobilize spine; remember to maintain spinal immobilization during intubations and other airway maneuvers.
- B. Place on 100% oxygen via non-rebreather mask.
- C. Control bleeding by direct pressure; **IV's are not to be established on scene unless some other cause for the delay is present.** For example, if extrication is in progress.
- D. IV's may be initiated en-route if time permits. If there is not enough time in transport, IV's may be omitted without significant change in patient outcome.
- E. **Dispatch notification of trauma alert should be made within first 5 minutes on scene,** or documentation should be made on patient care form as to cause of delay. The following information is to be given when a trauma alert is called:
  - 1. ETA: How many minutes will elapse from now till arrival at hospital. Unless some other cause for the delay is present. For example, if extrication is in progress, how many minutes will elapse from now until arrival at the trauma center? An educated guess will suffice; consider packaging and loading time;
  - 2. Age and sex of the patient; again, estimate age if necessary; (if best guess



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is less than 16, child should go to Sacred Heart unless they are on bypass or child is considered by the Paramedic to be too unstable to pass another trauma center en-route to Sacred Heart.

3. Injuries: a quick survey will provide such information; for example, gunshot wound to the head or possible chest injury from a MVA, so the trauma center will know what to prepare for.

F. **Transport of patient to the appropriate trauma center should be under way within 10 minutes of arrival on scene,** unless:

1. Extrication is still in progress;
2. Multiple patients must be triaged;
3. Other delays occur



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