

Pre-Hospital Trauma Patient Categorization

RED CRITERIA (Level 1) High Risk for Serious Injury



Injury Patterns

- Penetrating injuries to head, neck, torso and proximal to knee/elbow
- Skull deformity, suspected skull fracture
- Suspected spinal injury with new motor or sensory loss
- Chest wall instability, deformity, or suspected flail chest
- Suspected pelvic fracture
- Suspected fracture of two or more proximal long bones (humerus/femur)
- Crushed, degloved, mangled, or pulseless extremity
- Amputation proximal to wrist or ankle
- Active bleeding requiring a tourniquet or wound packing with continuous pressure

Mental Status & Vital Signs

- All Patients
- Unable to follow commands (motor GCS<6)
 - RR < 10 or > 29 breaths/min
 - Respiratory distress or need for ventilatory support
 - Room-air pulse oximetry < 90%
- Age 0-9 years
- SBP < 70mm Hg + (2 x age in years)
- Age 10-64
- SBP < 90 mm Hg or
 - HR > SBP
- Age ≥ 65 years
- SBP < 110 mm Hg or
 - HR > SBP

*Patients meeting any one of the above RED criteria should be transported to a **Level I or Level II** trauma center.*

YELLOW CRITERIA (Level 2) Moderate Risk for Serious Injury

Mechanism of Injury

- High-Risk Auto Crash
 - Partial or complete ejection
 - Significant intrusion (including roof)
 - >12 inches occupant site OR
 - >18 inches any site OR
 - Need for extrication for entrapped patient
 - Death in passenger compartment
 - Child (age 0–9 years) unrestrained or in unsecured child safety seat
- Rider separated from transport vehicle with significant impact (e.g., motorcycle, ATV, horse, etc.)
- Pedestrian/bicycle rider thrown, run over, or with significant impact
- Fall from height > 10 feet (all ages)

EMS Judgement

- Consider risk factors, including
- Low-level falls in young children (age ≤ 5 years) or older adults (age ≥ 65) with significant head impact
 - Anticoagulant use
 - Suspicion of child abuse
 - Special, high-resource healthcare needs
 - Pregnancy > 20 weeks
 - 2nd or 3rd degree burns with mechanical trauma
 - Children should be triaged preferentially to pediatric capable centers

*Patients meeting any one of the YELLOW CRITERIA should be transported to a **Level I, Level II or Level III** trauma center.*

GREEN CRITERIA (Level 3) All Other Injuries – closest facility

Unique Situations

- Isolated Burns - may be transported to any acute care hospital.
 - 2nd degree burns:
 - Involving the face (including ears), hands, feet, genitalia, perineum, or major joints
 - OR**
 - > 10% total BSA
 - 3rd degree burns
- Traumatic Arrest – establish the most optimal airway possible that allows ventilation. Transport patient to a Level I or Level II trauma facility. Detour to a closer facility should not be considered unless ventilation is not possible.
- Drowning with signs of injury should be transported to the appropriate level trauma facility.

Transport of Patients

When moving a Red Level I or Yellow Level II patient within the region:

- Ground Transport Time:
 - < 45 min. transport to Level I or Level II
 - >45 min. transport to Level III or nearest facility for evaluation and stabilization prior to further transport
- Consider helicopter evacuation either from scene, hospital or intercept.
- If helicopter can arrive before or within a few minutes of extrication or there are multiple patients, consider launch at time of dispatch.
- Transport decision should be based on written protocol and/or direct Medical Control orders and responder judgment.

Transport Guidelines for El Paso with multiple trauma designated facilities:

Facility	Capabilities: A = Adult P = Pediatric (<15 yo)		
	Level 1 Pt.	Level 2 Pt.	Level 3 Pt.
UMC	A + P	A + P	A + P
DSMC	A	A	A + P
THOP: East	A	A	A + P
LPMC	X	A + P	A + P
THOP: Memorial	X	A + P	A + P
WBAMC	X	A	A + P
THOP: Sierra	X	X	A + P
THOP: Transmountain	X	X	A + P