

**TRAUMA TRIAGE CRITERIA***EFFECTIVE DATE: 4/1/26**POLICY REFERENCE NO: 5001**SUPERSEDES: 10/1/23***1. PURPOSE**

- 1.1.** To identify patients meeting trauma center destination criteria including those requiring base hospital contact before transport to San Francisco General Hospital.

2. CRITERIA FOR TRANSPORT TO TRAUMA CENTER

- 2.1.** Patients meeting one (1) or more of the following in ANY category shall be transported to a designated trauma center:

2.1.1. Physiologic Criteria associated with traumatic injury

2.1.1.1. Unable to follow commands (motor GCS < 6))

2.1.1.2. Age 0 – 9 years:

- SBP < 70 + (2x age in years)

2.1.1.3. Age 10 – 64 years:

- SBP < 90 or
- HR > SBP

2.1.1.4. Age ≥ 65 years:

- SBP < 110 or
- HR > SBP

2.1.1.5. Respiratory rate < 10 or > 29 per minute

2.1.1.6. Room air SpO₂ < 90%

2.1.1.7. Respiratory distress or need for respiratory support

2.1.2. Anatomic Criteria

2.1.2.1. Gunshot wounds

2.1.2.2. Penetrating injuries to head, neck, torso or proximal extremities

2.1.2.3. Chest wall instability, deformity, or suspected flail chest

2.1.2.4. Burns or inhalation injuries associated with significant trauma

2.1.2.5. Suspected fracture of two (2) or more long bones

2.1.2.6. Open fractures of femur, tibia, or humerus

2.1.2.7. Suspected pelvic fracture

2.1.2.8. Amputation or near-amputation proximal to wrist or ankle

- 2.1.2.9.** Crushed, degloved, mangled, or pulseless extremity associated with trauma
- 2.1.2.10.** Open, depressed, or suspected skull fracture
- 2.1.2.11.** Active bleeding that requires a tourniquet or wound packing with continuous pressure
- 2.1.2.12.** Suspected spinal injury with new motor or sensory loss
- 2.1.2.13.** Pregnancy > 20 weeks with abdominal trauma
- 2.1.3.** Mechanism of Injury
 - 2.1.3.1.** Falls > 10 feet/steps (any age),
 - 2.1.3.2.** Diving injury with neck pain
 - 2.1.3.3.** High risk auto crash:
 - Evidence of abdominal seat belt sign
 - Intrusion into passenger compartment (including roof) > 12 inches or > 18 inches on any site
 - Ejection from vehicle (partial or complete)
 - Death of another passenger in same compartment
 - Need for extrication of entrapped patient
 - Child 0 – 9 years old unrestrained or in unsecured child safety seat
 - 2.1.3.4.** High risk motorcycle, motorized vehicles, bicycles, skateboard, scooter crash:
 - Initial speed > 20 mph OR with major impact
 - Struck by auto with estimated collision speed > 10 mph OR with major impact
 - 2.1.3.5.** Pedestrian thrown, run over, or struck with major impact by automobile or motorized vehicle

3. BASE HOSPITAL CONTACT

3.1. If a patient does not meet physiological, anatomic, or mechanism of injury criteria, but has underlying conditions or comorbid factors that place them at a higher risk for injury, **consider** contacting the Base Hospital. Examples include patients with:

- 3.1.1.** Falls greater than standing height in patients ≤ 5 years or ≥ 65 years with major head impact.
- 3.1.2.** Anticoagulant use or bleeding disorder (see Table 1 below for distinction between anti platelet and anticoagulant medications) with major impact.
 - 3.1.2.1.** Prehospital Personnel concerns or judgment

See list of common medications to differentiate between anticoagulants versus anti-platelet agents:

Table 1:

Anticoagulant Consider Base Hospital Contact	Antiplatelet NO Base Hospital Contact Required
Arixtra (fondaparinux)	Aggrenox (aspirin & dipyridamole)
Coumadin (warfarin)	Aspirin (acetylsalicylic acid)
Eliquis (apixaban)	Brillinta (ticagrelor)
Jantoven (warfarin)	Effient (prasugrel)
Lixiana (edoxaban)	Persantine (dipyridamole)
Lovenox (enoxaparin)	Plavix (clopidogrel)
Pradaxa (dabigatran)	Pletal (cilostazole)
Savaysa (edoxaban)	
Xarelto (rivaroxaban)	

4. AUTHORITY

- 4.1.** California Health and Safety Code, 1797.67, 1797.198, and 1797.204, 1798.160
- 4.2.** California Code of Regulations Title 22, §100248, 100252, 100255.
- 4.3.** American College of Surgeons, National Guideline for the Revised Field Triage of Injured Patients 2021