

T12

Trauma Triage

In certain circumstances, trauma patients benefit from direct transport to a designated trauma center. Currently the only trauma centers in Manitoba are the Health Sciences Center, and Children's Hospital in Winnipeg. This protocol only applies when the closest hospital is a hospital within the limits of the City of Winnipeg.

Requirements

Personnel must be a fully licensed Technician-Paramedic or Technician-Advanced Paramedic to use this guideline.

Indications

- Trauma, incident location where primary transport will be to a Winnipeg Hospital. Winnipeg hospital transport decision will be based on the following:
 - For ages 17 years and greater, trauma center refers to Health Science Centre (HSC) Adult Emergency
 - For ages 0-16 years, trauma center refers to Children's Hospital
 - For penetrating trauma of the neck, chest, abdomen/back, and ages 12-16 years, trauma center refers to HSC Adult Emergency

Pre-hospital assessment is based on primary survey, secondary survey and mechanism of injury. Transport destination is to be determined as follows:

Transport to Closest Hospital (all patients) if:

- estimated transport time for critical patients (code "red")>20 minutes
- unable to maintain the airway or achieve adequate ventilation of the patient with pre-hospital interventions

Blunt or Penetrating Trauma with Unstable Vital Signs (Based on primary and secondary survey)

- **Transport to Trauma Center (HSC, or Children's if ages 0-16 years) if one of the following are met:**
 - penetrating trauma arrest at scene (HSC if 12-16 years of age and penetrating trauma to neck, chest, abdomen/back)
 - patient with blunt or penetrating trauma who arrests en route to hospital (HSC if 12-16 years of age and penetrating trauma to the neck, chest, abdomen/back)
 - $GCS \leq 13$ and evidence of head trauma
 - $RR < 10$ or > 30
 - $SBP < 90$
 - $HR > 120$

If three critical patients at scene, confirm with trauma center their ability to take the third patient

- **Transport to closest hospital (all ages) if one of the following are met:**
 - blunt trauma arrest at scene
 - vital signs absent on arrival
 - death appears imminent
 - more than three critical patients, third patient to closest hospital
 - if three or more critical children ages 0-16 years, transport the youngest two children to Children's Hospital and the other(s) to closest hospital(s)
 - trauma centre closed

Anatomical Injury (Based on 1^o and 2^o survey)

- **Transport to Trauma Center (HSC, or Children's if Ages 0-16 years) if one of the following are met:**
 - penetrating injury to chest, neck, head, abdomen, groin or shoulder (including axilla) (HSC for patients 12-16 years of age with penetrating trauma to the neck, chest, abdomen/back)
 - loss of vital signs en route
 - two or more proximal long bone fractures (e.g. humerus and/or femur)
 - open pelvic fractures/injuries
 - life-threatening chest injuries (e.g. flail chest, sucking chest wound, tension pneumothorax)
 - major amputation of extremity (proximal to wrist or ankle)
 - paraplegia or quadriplegia
 - focal neurologic deficits
 - pregnant patient sustaining any type of trauma excluding minor extremity trauma

Mechanism of Injury (Based on History)

- **Transport to Trauma Center (HSC, or Children's for ages 0-16 years) if:**
 - falls greater than 3m (10 ft)
 - pedestrian struck at >30km/h
 - ejection of patient from a vehicle
 - evidence of high-energy transfer (e.g. high-speed collision, severely-damaged vehicle, occupant of same vehicle dead at scene)