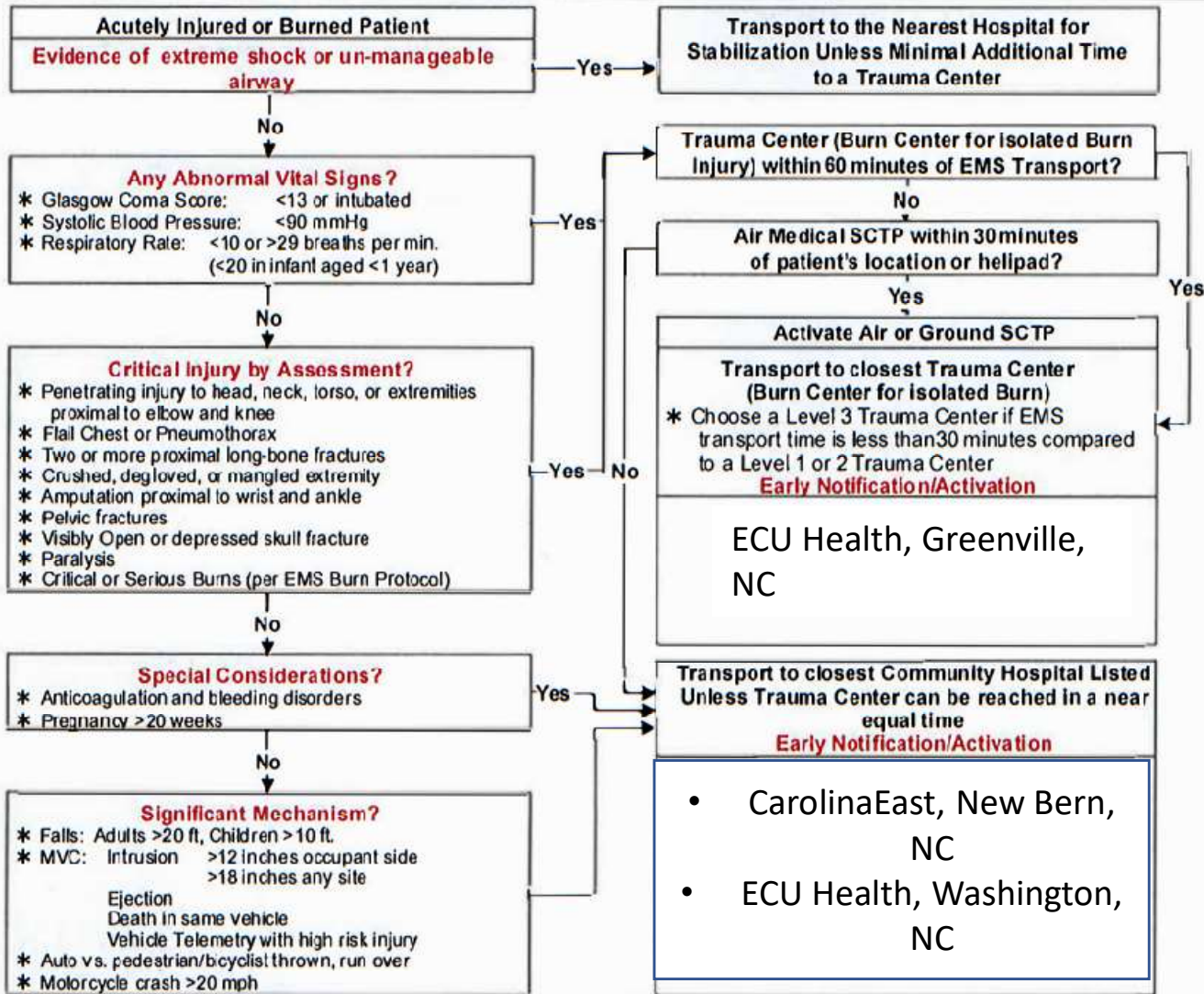# Trauma and Burn
EMS Triage and Destination Plan

Trauma or Burn Patient = Any patient less (regardless of age) with a significant injury or burn

The Purpose of this plan is to:
* Rapidly identify injured or burned patients who call 911 or present to EMS
* Minimize the time from injury to definitive care for critical injuries or burns
* Quickly identify life or limb threatening injuries for EMS treatment and stabilization
* Rapidly identify the best hospital destination based on time of injury, severity of injury, and predicted transport time
* Early activation/notification to the hospital of a critically injured or burned patient prior to patient arrival
* Minimize scene time to 10 minutes or less from patient extrication with a "load and go" approach
* Provide quality EMS service and patient care to the EMS Systems citizens
* Continuously evaluate the EMS System based on North Carolina's EMS performance measures

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Acutely Injured or Burned Patient

Evidence of extreme shock or un-manageable airway

—Yes→ **Transport to the Nearest Hospital for Stabilization Unless Minimal Additional Time to a Trauma Center**

No ↓

Any Abnormal Vital Signs?
* Glasgow Coma Score: <13 or intubated
* Systolic Blood Pressure: <90 mmHg
* Respiratory Rate: <10 or >29 breaths per min. (<20 in infant aged <1 year)

—Yes→

No ↓

Critical Injury by Assessment?
* Penetrating injury to head, neck, torso, or extremities proximal to elbow and knee
* Flail Chest or Pneumothorax
* Two or more proximal long-bone fractures
* Crushed, degloved, or mangled extremity
* Amputation proximal to wrist and ankle
* Pelvic fractures
* Visibly Open or depressed skull fracture
* Paralysis
* Critical or Serious Burns (per EMS Burn Protocol)

—Yes—No→

No ↓

Special Considerations?
* Anticoagulation and bleeding disorders
* Pregnancy >20 weeks

—Yes→

No ↓

Significant Mechanism?
* Falls: Adults >20 ft, Children >10 ft.
* MVC: Intrusion >12 inches occupant side
         >18 inches any site
         Ejection
         Death in same vehicle
         Vehicle Telemetry with high risk injury
* Auto vs. pedestrian/bicyclist thrown, run over
* Motorcycle crash >20 mph

Trauma Center (Burn Center for isolated Burn Injury) within 60 minutes of EMS Transport?

No ↓

Air Medical SCTP within 30 minutes of patient's location or helipad?

Yes ↓

Activate Air or Ground SCTP

Transport to closest Trauma Center (Burn Center for isolated Burn)
* Choose a Level 3 Trauma Center if EMS transport time is less than 30 minutes compared to a Level 1 or 2 Trauma Center

Early Notification/Activation

ECU Health, Greenville, NC

Yes →

Transport to closest Community Hospital Listed Unless Trauma Center can be reached in a near equal time

Early Notification/Activation

* CarolinaEast, New Bern, NC
* ECU Health, Washington, NC

Pearls and Definitions
* **All Injury and Burn Patients must be triaged and transported using this plan. This plan is in effect 24/7/365**
* **All Patient Care is based on the EMS Trauma Protocols**
* **Designated Trauma Center** = a hospital that is currently designated as a Trauma Center by the North Carolina Office of Emergency Medical Services. Trauma Centers are designated as Level 1, 2, or 3 with Level 1 being the highest possible designation. Free standing emergency departments and satellite facilities are not considered part of the Trauma Center.
* **Burn Center** = a ABA verified Burn Center co-located with a designated Trauma Center
* **Community Hospital** = a local hospital within the EMS System's service area which provides emergency care but has not been designated as a Trauma Center
* **Specialty Care Transport Program** = an air or ground based specialty care transport program which can assume care of an acutely injured patient from EMS or a Community Hospital and transport the patient to a designated Trauma Center

Trauma and Burn EMS Triage and Destination Plan