

D. Pre-Hospital Trauma Triage and Bypass Algorithm

Hospital bypass is defined as **transporting the patient to the nearest hospital that has the appropriate level of care for the patient's suspected severity of injury**. The goal of the TSA-P regional trauma system plan is to deliver the right patient to the right facility in the right amount of time. To accomplish this, a "Bypass" of the nearest facility in favor of transport to a facility with the appropriate resources may be required. Bypass reduces the amount of time from injury to definitive care at a Level I Trauma Center by eliminating inter-hospital transfer issues.

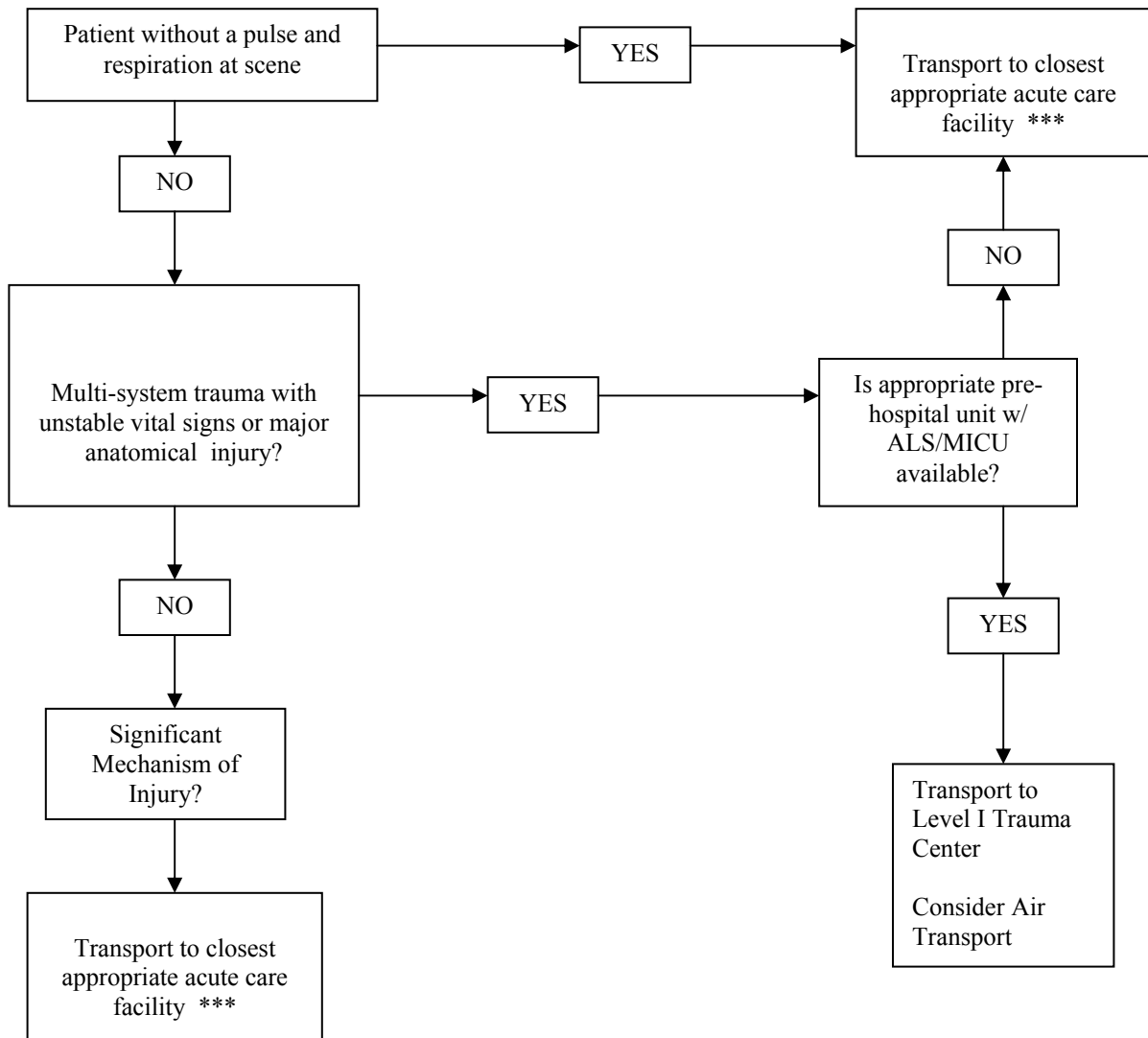
The STRAC supports the Bypass of "nearest" hospital in favor of a Level I Trauma Center for those patients who are deemed to have severe injury or the potential for same. There are, however, special circumstances where Bypass may not be the optimal choice, such as areas where on-scene advanced life support is not available and the patient requires ALS procedures.

When a patient is without pulse or breath at the scene, and CPR is initiated, transport to the nearest acute care facility is again the most prudent action.

The STRAC recommends the use of the Prehospital Trauma Triage and Bypass Algorithm developed for TSA-P and based on materials published by the American College of Surgeons and approved by the Texas Department of Health. Emergency care providers at the scene should utilize the Triage Algorithm, in conjunction with on-line medical control to evaluate the level of care required by the injured person and to determine the patient's initial transport destination. If on-line medical control is not available, then the agency's Standard Operating Procedures (SOPs) and/or protocols should reflect decision-making based on the Triage Algorithm.

The purpose of the Hospital Bypass Guideline is to assist field personnel with selection of the appropriate destination (see next page).

Pre-Hospital Trauma Triage and Bypass Algorithm
Southwest Texas Regional Advisory Council
Trauma Service Area-P



*** Indicates that the STRAC highly encourages these transports to go to a designated trauma facility if at all possible.

See next page for definitions.

Definitions for Trauma Triage and Bypass Guidelines for TSA-P

In February, 2003, the STRAC formally adopted the Red/Blue triage criteria to help EMS agencies identify Trauma Alert patients. (See next page)

Multi-System Trauma with Unstable Vital Signs

Hemodynamic compromise, respiratory compromise and/or altered mentation that results in a Revised Trauma Score (RTS) \leq 12

Major Anatomical Injury

1. Penetrating injury of the head, neck torso, or groin.
2. Combination of burns > 20% or involving the face, airway, hands, feet or genitalia.
3. Amputation above the wrist or ankle.
4. Paralysis.
5. Flail Chest.
6. Two or more obvious long bone fractures.
7. Open or suspected depressed skull fractures.
8. Unstable pelvis or suspected pelvic fracture.

Significant Mechanism of Injury

1. Ejection from vehicle.
2. Death of occupant in same vehicle.
3. Extrication time > than 20 minutes with injury.
4. Fall > than 20 feet.
5. Unrestrained passenger in vehicle rollover.
6. Pedestrian, motorcyclist or pedalcyclists thrown or run over.



STRAC (Trauma Service Area - P)
TRAUMA ALERT CRITERIA
 (Adult patients \geq 16 years of age)

1 Red or 2 Blue Criteria = TRAUMA ALERT

CHOOSE ALL THAT APPLY

RED CRITERIA		BLUE CRITERIA	
R1	Glascow Coma Score < 12 due to trauma	B1	Reliable loss of consciousness > 5 minutes
R2	ACTIVE airway assistance required (i.e. more than supplemental O2 w/o airway adjunct)	B2	Sustained respiratory rate \geq 30
R3	No radial pulse AND heart rate \geq 120	B3	Sustained heart rate \geq 120 (with radial pulse) and BP \geq 90
R4	Blood pressure < 90 systolic	B4	Best Motor Response = 5
R5	Best Motor Response \leq 4	B5	Degloving injury or flap avulsion > 5 inches
R6	Acute paralysis or loss of sensation	B6	Single long bone fracture site due to motor vehicle collision
R7	Amputation proximal to wrist or ankle	B7	Single long bone fracture site due to fall from > 10 feet
R8	2 nd and 3 rd degree burns \geq 15% TBSA	B8	Age > 55
R9	Penetrating injury to head, neck, torso, excluding superficial wounds	B9	Ejection from vehicle (excludes open vehicles)
R10	Pulseless extremity	B10	Driver of vehicle with deformed steering wheel
R11	Two or more long bone fractures (on different extremities)	B11	Death in same vehicle

