# TRAUMA DECISION TREE ALGORITHM

Assess vital signs and LOC

GCS <14 or Systolic BP <90 (Adult), <60 (Peds) or Respiratory Rate <10 or ≥29; <20 in Infant (under 1 year)

**Peds:** Abnormal Appearance &/or Abnormal Work of Breathing &/or Abnormal Circulation

**YES** → **Call Trauma Base, Transport to appropriate trauma center**

**NO** → Assess anatomy of injury

- Flail Chest
- Combination trauma with burns
- Two or more proximal long-bone fractures
- Child Abuse-Known or suspected with significant injury
- All penetrating injuries to head, neck, torso, or extremities proximal to elbow/knee
- Amputation proximal to wrist/ankle
- Suspected pelvic fractures
- Limb paralysis
- Crush injury, degloved, or mangled
- Neuro/vascular deficit of extremities

**YES** → **Call Trauma Base, Transport to appropriate trauma center**

**NO** → Evaluate for evidence of mechanism of injury &/or high energy impact.

- Ejection from/off vehicle
- Vehicle rollover with unrestrained patient
- Death in same passenger compartment
- Auto vs. bicyclist/pedestrian thrown, run over, or with significant (≥20mph) impact
- Fall >3 times patient's height or ≥15 feet
- Exposure to blast or explosion
- Motorcycle crash ≥ 20 mph

**YES** → **Call Trauma Base, Transport to appropriate trauma center**

**NO** → Evaluate for co-morbid & other mechanism factors

- Age <5 or ≥55 years
- Pregnancy ≥20 weeks
- Bleeding disorders
- Anticoagulants or Antiplatlets (i.e. Coumadin or Plavix, except ASA)
- LOC reported
- Severe cardiac and/or respiratory disease
- EMS Provider Judgment
- End-Stage Renal Disease requiring dialysis
- Extrication time ≥20 minutes
- Intrusion into occupied passenger space ≥12 inch frontal
- Intrusion into occupied passenger space ≥8 inch side

**YES** → **Contact Trauma Base Station; Consider transport to appropriate trauma center or a specific resource hospital (i.e. burns)**

**NO** → **Re-evaluation with medical direction and transport to the appropriate facility**

**WHEN IN DOUBT, TAKE PATIENT TO APPROPRIATE TRAUMA CENTER**