Draft Policy Public Comments Received: 03/24 - 04/24/2023

T-460A Trauma Decision Algorithm		
DATE	**NAME**	**PUBLIC COMMENT**
3/29/2023	Jennifer Cochran	I don't think EMS has access to "vehicle telemetry data". According to the CHP, it requires a warrant to acquire that information. I would like to see it removed from the algorithm.
3/29/2023	Mary Murphy	What does: Motor component of Glasgow Coma Scale score <6 mean? It can't mean that anyone who moves to localized pain is considered a Trauma? Thanks Mary
3/29/2023	Mary Murphy	Why are we taking Special, high-resource healthcare needs patients to a trauma center as a resource?
3/29/2023	Mary Murphy	Do you want o make all extrication patients a trauma as opposed to a resource.. That could be a lot of patients potentially

3/29/2023	Mary Murphy	Whats the definition of significant impact: Rider ejected from mode of transport (e.g., motorcycle, ATV, horse, scooter, bicycle) with significant impact
4/3/2023	Melody Dotson	Rider ejected from mode of transport (e.g., motorcycle, ATV, horse, scooter, bicycle) with significant impact (I'm not sure ejected is the right word because with the MCC >20mph we could make these mtv because they normally have significant injuries and these are down played by EMS stating they (layed) the bike down or fell to the side of the bike, mcc, or scooter not thrown or ejected even though they are going >20+mph. If the patient is walking on scene they feel these patients do not need to be mtv's. the micn's can now upgrade to trauma if >20mph, without the speed im afraid EMS will just say they fell to the side or layed the bike down. Something to consider: - Motorcycle crash >20mph old language - Exposure to blast or explosion did we ever want to add burns in put? Because we are changing the burn patients direction to the ED at UCSD for flash type injuries. I understand that blast and explosions are big, but they call lighting a cigarette with oxygen on an explosion, or lighting propane an explosion. With these patients normally they do not fall due the lower level of explosions so no co injuries, they do have a risk for smoke inhalations but are normally not major traumas at UCSD but seen in the ED unless significant facial injuries? Just asking thanks.

4/3/2023	Danielle Pearson	*Add "reliable" 02 sat <90* Active bleeding requiring a tourniquet or wound packing with continuous pressure - This will result in ALL tourniquet applications being traumas. EMS uses tourniquets for shunts that continue to bleed often. Consider "active bleeding due to a traumatic injury". *Rider ejected - this indicates thrown, not all riders are ejected. Consider "forcefully separated" *Combination trauma with burns - consider adding a note to prioritize the more acute injury when determining destination. *Age<5 or >/55 - Does a sprained ankle on a 4 year old require a BHO to transport to the closest? I'm fairly confident EMS does not request a BHO for destination in patients who are younger than 5 and are 55 and older who experience a traumatic event. This is too vague, thus not really used. If the desire is to have EMS providers contact the base to determine the best destination for these traumatic patients the protocol should at least specify an acuity.

4/4/2023	Saul Levine	Five humble recommendations from the SMH EMS Team: 1. Move to 2nd box: "Pregnancy>20weeks" (particularly or perhaps only if thoracoabdominal pain/injury). 2. Add to Box 4: "chest and abdominal" (thoracoabdominal) pain/injury should be listed 3. Remove from 3rd box: "Vehicle telemetry data consistent with a high risk of injury" This has no real time correlation with practice. (is it not true that police need a subpoena for the data & EMS can't retrieve on scene?) 4. Box 2 Question the change to "wound packing." Wound packing is not on the Skills List, only "direct pressure." 5. Box 1: Is it wise to use a motor score only for GCS? That is, do the eye and verbal exam mean anything? I view confusion/mental status as an important indicator of major head injury. I'm curious what's the reasoning behind this change? Are there too many minorly-injured seizing patients arriving in the trauma rooms?
4/18/2023	Linda Rosenberg	I would love to see pregnancy >20 weeks with abdominal pain / injury moved to box 3. Destination a Trauma Center
4/19/2023	Diane Wintz	Consider trauma transfer for high risk geri pts w high energy mechanism

4/22/2023	Todd Klingensmith	"All penetrating injuries to head, neck, torso, or extremities proximal to elbow or knee"… This remains one of our most ambiguous guidelines and an allowance should be made for smaller lacerations and minimal mechanisms to be downgraded. "High Risk Auto Crash: Intrusion, including roof >12 inches, >18inches any site"... Confusion arises when reporting exterior vehicle damage versus interior passenger space intrusion. Recommend clearly differentiating between the two. "Vehicle telemetry data consistent with a high risk of injury"... Consider emphasizing all vehicles involved (vehicle's) telemetry. Impact speed versus traveling speed could be differentiated. This might also be accomplished by providing a relevant teaching content companion to T-460A. "Confirmed or suspected strangulation"... Should any additional point be added for suspended patients? This has been a point of confusion in reports and patient disposition historically. "Special, high-resource healthcare needs"... Good addition. Might consider rewording or use an e.g. example to bring clarity. Consider combining statement with this one: "Poor baseline physiologic reserve, e.g., severe cardiac and/or respiratory disease". The terms "physiologic reserve" and "high-resource" may likely be unclear to providers. Alternate wording suggestions: "chronic medical conditions" or "significant underlying health issues/history" etc. This document looks much improved and this update will I'm sure be a welcome improvement to our providers. Thank you!

4/24/2023	Chara Cote	Would love if eye opening and verbal response were added back in for GCS. ALOC and blurred vision are often the first signs of increased ICP and should be part of the consideration for transporting traumatic injury to a trauma center. Please consider adding back in motor cycle crash >20mph. Most mcc's report 'laying bike down'. As a non-trauma center, it's beneficial to have black and white criteria for transporting the more critical of these crashes to trauma centers. Vehicle telemetry data is rarely if ever readily available at the scene of an accident and per CHP requires a subpoena to obtain.