PEDIATRIC (≤ 16 YEARS) PRE-HOSPITAL TRIAGE AND TRANSPORT GUIDELINES
Oklahoma Model Trauma Triage Algorithm

**Inability To Secure Airway**

**Traumatic Arrest**

**Physiological Compromise Criteria**
- Hemodynamic Compromise\(^1\): Systolic BP < 90mmHg or other signs such as:
  - Sustained tachycardia
  - Cool diaphoretic skin
- Respiratory Compromise\(^2\): RR < 10 or > 29 breaths/minute or < 20 in infant < 1 yr
- Altered Mentation of trauma etiology\(^3\): GCS < 14

**Anatomical Injury**
- Penetrating injury of head, neck, chest/abdomen or extremities proximal to elbow or knee
- Combination of burns > 10% or significant burns involving face, airway, hands, feet or genitalia without significant trauma transport to Hillcrest Burn Center or OUMC Children’s Hospital. Burns >10% with significant trauma transport to trauma center.
- Amputation above wrist or ankle
- Paralysis or suspected spinal fracture w/neurological deficit
- Flail chest
- Two or more obvious proximal long bone fractures (upper arm or thigh).
- Open or suspected depressed skull fracture
- Unstable pelvis or suspected unstable pelvis fracture
- Tender and/or distended abdomen
- Crushed, degloved, or mangled extremity

**Pediatric Trauma Score ≤5**

**Initiate Trauma Treatment Protocol**

**RAPID** transport to the designated Level I, II, or Regional Level III Trauma Center according to the Regional Trauma Plan but may be stabilized at a Level III or IV facility depending on location and time and distance to the higher level trauma center.

Air Rendezvous may be necessary considering time & distance constraints. If conditions do not permit air transport consider ALS rendezvous. Stabilization may occur either in the field or at the nearest appropriate facility.

Combination of burns > 10% or significant burns involving face, airway, hands, feet or genitalia without significant trauma transport to Hillcrest Burn Center or OUMC Children’s Hospital. Burns >10% with significant trauma transport to trauma center.

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**Risk of Serious Injury - Single System Injury**

**Patients with potentially time sensitive injuries due to a high energy event (positive mechanism of injury) or with a less severe single system injury, but currently with no physiological abnormalities or significant anatomical injury**

- Ejection of the patient from an enclosed vehicle
- Auto/pedestrian or auto/bike or motorcycle crash with significant impact (> 20 mph) with the patient thrown or run over by a vehicle
- Falls greater than 10 feet or distance 2-3 times height of patient
- Significant assault or altercations
- High risk auto crash\(^5\)
- **Neurology:** isolated head trauma with transient loss of consciousness or altered mental status but currently alert and oriented.
- **Orthopedic:** Single proximal and distal extremity fractures (including open) from high energy event, isolated joint dislocations-knee, hip, elbow, shoulder without neurovascular deficits, and unstable joint (ligament) injuries without neurovascular deficits.
- **Maxillofacial trauma:** Facial lacerations; such as those requiring surgical repair, isolated open facial fractures or isolated orbit trauma with or without entrapments, or avulsed teeth.

**Pediatric Trauma Score 6-8**

**Initiate Trauma Treatment Protocol**

**PROMPT** transport to the designated Level III Trauma Center or higher depending on location according to the Regional Trauma Plan

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**Consider\(^6\)**
- Co-morbid factors and Gestalt-EMS clinical judgment

**Pediatric Trauma Score 9-12**

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**TRANSPORT** to either the closest Level IV Trauma Center or higher depending on location according to the Regional Trauma Plan or the facility of the patient’s choice

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**GO DIRECTLY TO NEAREST APPROPRIATE FACILITY**
ADULT PRE-HOSPITAL TRIAGE AND TRANSPORT GUIDELINES
Oklahoma Model Trauma Triage Algorithm

- Inability To Secure Airway
- Traumatic Arrest

**YES**

Go Directly to Nearest Appropriate Facility

**PRIORITY 1**

**Physiological Compromise Criteria**
- Hemodynamic Compromise: Systolic BP < 90 mmHg
- Signs that should be considered include:
  - Sustained tachycardia
  - Cool diaphoretic skin
- Respiratory Compromise: RR < 10 or > 29 breaths/minute or < 20 in infant < 1 yr
- Altered Mentation of trauma etiology: GCS < 14

**NO**

- Inability To Secure Airway
- Traumatic Arrest

**PRIORITY 2**

**Risk of Serious Injury - Single System Injury**

*Patients with potentially time sensitive injuries due to a high energy event (positive mechanism of injury) or with a less severe single system injury, but currently with no physiological abnormalities or significant anatomical injury*

- Ejection of the patient from an enclosed vehicle
- Auto/pedestrian or auto/bike or motorcycle crash with significant impact (> 20 mph) with the patient thrown or run over by a vehicle
- Falls greater than 20 feet or distance 2-3 times height of patient
- Significant assault or altercations
- High risk auto crash
- Neurology: Isolated head trauma with transient loss of consciousness or altered mental status but currently alert and oriented.

**Initiate Trauma Treatment Protocol**

**PROMPT** transport to the designated Level III Trauma Center or higher depending on location according to the Regional Trauma Plan or the facility of the patient's choice

**YES**

- Orthopedic: Single proximal and distal extremity fractures (including open) from high energy event, isolated joint dislocations-knee, hip, elbow, shoulder without neurovascular deficits, and unstable joint (ligament) injuries without neurovascular deficits.
- Maxillofacial trauma: Facial lacerations; such as those requiring surgical repair, isolated open facial fractures or isolated orbit trauma with or without entrapments, or avulsed teeth.

**NO**

- Consider:
  - Co-morbid factors
  - Gestalt-EMS clinical judgment

**PRIORITY 3**

**TRANSPORT** to either the closest Level IV Trauma Center or higher depending on location according to the Regional Trauma Plan or the facility of the patient's choice

**YES**

**NO**