



A TRAUMA ALERT MUST BE CALLED FOR:

HILLSBOROUGH COUNTY TRAUMA AGENCY

**EITHER
1**

A score of 2 or greater for **ADULT** (> 15 y.o.) according to trauma scorecard methodology below:

| | 1 point | 2 points |
|----------------------------|---|---|
| Airway | • Sustained RR \geq 30 | • Active assistance (<i>not just oxygen</i>) |
| Circulation | • Sustained HR > 120 | • Lack of radial pulse with sustained HR >120, or • BP < 90 |
| Best Motor Response | • BMR = 5 | • BMR of \leq 4, or • Paralysis, or • Suspected spinal cord injury, or • Loss of sensation |
| Cutaneous | • Tissue loss (degloving injuries, major flap avulsions > 5 inches) • GSW to extremities | • Amputation proximal to the wrist or ankle, or • 2nd or 3rd degree burns \geq 15% TBSA, or • Any high voltage electrical or lightning injury, or • Penetrating injury to head, neck or torso (<i>excluding superficial wounds in which the depth of the wound can be easily determined</i>) |
| Long Bone Fracture | • Single fracture site due to MVA, or • Single fracture site due to a fall \geq 10 feet | • Multiple fracture sites |
| Age | • \geq 55 | |
| Mechanism of Injury | • Ejection from vehicle (<i>excluding any motorcycle, moped, ATV, bicycle or open truck bed, or</i> • Deformed steering wheel (<i>driver</i>) | |

**OR
2**

• A GCS score less than or equal to 12 (*excluding those whose baseline is 12 or less*) [SEE SCALE BELOW]

**OR
3**

• A neck laceration with swelling, sustained bleeding, escape of air from wound or stridor
• Any other neck laceration:
Transport to the nearest trauma center, but do not trauma alert

**OR
4**

• EMS PROVIDER HIGH INDEX OF SUSPICION

GLASGOW COMA SCALE

| | | |
|-----------------------------|--------------------------------|---|
| Opens Eyes | Spontaneously | 4 |
| | To voice | 3 |
| | To pain | 2 |
| | No response | 1 |
| Best Verbal Response | Oriented | 5 |
| | Confused | 4 |
| | Inappropriate words | 3 |
| | Incomprehensible words | 2 |
| | No response | 1 |
| Best Motor Response | Obeys command | 6 |
| | Localizes to pain | 5 |
| | Withdraws to pain | 4 |
| | Flexion (pain) [decorticate] | 3 |
| | Extension (pain) [decerebrate] | 2 |
| | No response | 1 |

THE FOLLOWING PATIENT INFORMATION SHOULD BE COMMUNICATED TO THE TRAUMA CENTER OR INITIAL RECEIVING HOSPITAL WHEN EN ROUTE WITH A TRAUMA ALERT:

- Approximate age
- Nature and mechanism of injury
- Body area involved
- GCS
- Airway and ventilation status, oxygen saturation, if known
- Hemodynamic status (*characteristics of peripheral pulses, e.g. weak, strong, or vital signs if available*)

Effective
Jan 2005



A TRAUMA ALERT MUST BE CALLED FOR:

HILLSBOROUGH COUNTY TRAUMA AGENCY

**EITHER
1**

A score of 2 or greater for **CHILD** (\leq 15 y.o.) according to trauma scorecard methodology below:

| | Normal/ 0 points | 1 point | 2 points |
|----------------------|--|--|---|
| Size | • Weighs > 11 Kg (24 lbs) | • Weighs (11 Kg (24 lbs) or length is \leq 33 inches | |
| Airway | • Normal, or • O2 | | • Assisted (<i>includes measures such as manual jaw thrust, continuous suctioning, or other adjuncts</i>), or • Intubated |
| Consciousness | • Awake, alert and oriented for age | • Amnesia, or • Reliable Hx of LOC | • Altered mental status, or • Coma, or • Paralysis, or • Suspected spinal cord injury (sensory or motor findings of weakness, decreased strength or sensation), or • Loss of sensation |
| Circulation | • Good peripheral pulses, or • SBP \geq 90 | • The carotid or femoral pulse is palpable but neither the radial or pedal pulses are palpable, or • SBP < 90 | • Weak or nonpalpable carotid or femoral pulse, or • SBP < 50 |
| Fracture | • None seen nor suspected | • Suspected single closed long bone fracture (<i>proximal to the wrist or ankle</i>) | • Any open long bone fracture, or • Multiple fx / dislocation sites (<i>proximal to the wrist or ankle</i>) |
| Cutaneous | • No visible injury, or • Contusion, abrasion, minor laceration | | • Major tissue disruption (<i>major degloving injuries, major flap avulsions, or major soft tissue disruption</i>), or • Amputation (<i>proximal to the wrist or ankle</i>), or • 2nd or 3rd degree burns to \geq 10% TBSA, or • Any high voltage electrical or lightning injury, or • Penetrating injury to head, neck, or torso |

**OR
2**

• A neck laceration with swelling, sustained bleeding, escape of air from wound or stridor
• Any other neck laceration:
Transport to the nearest pediatric trauma center, but do not trauma alert

**OR
3**

• EMS PROVIDER HIGH INDEX OF SUSPICION

PEDIATRIC COMA SCALE (< 2 yrs)

| | | |
|-----------------------------|--------------------|---|
| Opens Eyes | Spontaneously | 4 |
| | To speech | 3 |
| | To pain | 2 |
| | No response | 1 |
| Best Verbal Response | Coos, babbles | 5 |
| | Consolable | 4 |
| | Cries to pain | 3 |
| | Moans to pain | 2 |
| | No response | 1 |
| Best Motor Response | Normal spontaneous | 6 |
| | Withdraws to touch | 5 |
| | Withdraws to pain | 4 |
| | Abnormal flexion | 3 |
| | Abnormal extension | 2 |
| | No response | 1 |

[Optional - Not required to determine pediatric trauma alert]

THE FOLLOWING PATIENT INFORMATION SHOULD BE COMMUNICATED TO THE PEDIATRIC TRAUMA CENTER OR INITIAL RECEIVING HOSPITAL WHEN EN ROUTE WITH A TRAUMA ALERT:

- Approximate age
- Nature and mechanism of injury
- Body area involved
- GCS
- Airway and ventilation status, oxygen saturation, if known
- Hemodynamic status (*characteristics of peripheral pulses, e.g. weak, strong, or vital signs if available*)

Effective
Jan 2005