

Montana Field Trauma Decision Scheme/Trauma Team Activation Criteria

EMS & Facilities should utilize these criteria to identify patients needing trauma team activation

Goals for all phases of care include early identification, communications with EMS/medical control/facilities and notification to enhance effectiveness

While these criteria are presented in sequential fashion, using all applicable criteria to identify significantly injured patients is advised

Trauma Patients with severe injuries should be transported preferentially to the highest level of care within the trauma system [geographically available](#)

Step 1 Physiologic Criteria

Best predictor of severe injury

In life-threatening situations (airway compromise, unstable cardiac rhythm) the patient will be transported to the closest facility

Obtain Vital signs and Level of Consciousness ASAP

Systolic BP < 90

Glasgow Coma Scale ≤ 13 , decreased responsiveness

Severe respiratory distress or need for ventilatory support, Respiratory Rate < 10 & > 29 < 20/infant

Pediatric; poor skin perfusion (color, cool extremities, weak distal pulses)

Heart rate;

Child < 1yr: < 60/min or >130/min

Child 1-8yr: < 80/min or >120/min

ERP/EMS discretion

Steps 1 & 2 attempt to identify the most seriously injured patients. These patients should be transported preferentially to the highest level of care within the trauma system [that is geographically available](#)

If "Yes" to any of these, Activate/Contact Medical Control

If "No" go to Step 2, Assess anatomy of injury

Step 2. Anatomic Criteria

May have "normal" VS & GCS but still have sustained severe injuries

All penetrating injuries of head, neck, torso and extremities proximal to knee or elbow

Chest wall instability or deformity (e.g., Flail Chest)

Paralysis

Pelvic Fractures/instability

Open or depressed skull fractures

2 or more proximal long-bone fractures

Crushed, de-gloved, mangled, amputated or pulseless extremity

Major Burns

Hypothermia

Steps 1 & 2 attempt to identify the most seriously injured patients. These patients should be transported preferentially to the highest level of care within the trauma system [that is geographically available](#)

If "Yes" to any of these, Activate/Contact Medical Control

If "No", go to Step 3, Assess Mechanism of Injury

Step 3. Mechanism of Injury Criteria;

Do not always produce severe injury, but certainly CAN, so use to CONSIDER activation

Motor Vehicle Crashes

Ejection

Death of occupant in same vehicle

Intrusion, including roof: > 12 inches, occupant compartment

Extrication time > 20 minutes

Auto vs pedestrian/bicyclist thrown, run over or significant impact

Falls : Adults > 20ft

Children > 10ft or 2-3 X height of child

Horse/Animal rollover/ejection

Motorcycle/Snowmobile/ATV crash > 20MPH

Contact Medical Control, advise of mechanism of injury for early consideration of activation

If "No", go to Step 4, Assess special patient or system considerations

Step 4 Special Considerations or Co-Morbidities:

May not meet physiologic, anatomic or mechanism criteria, but underlying issues create higher RISK for severe injury

Older Adult; Risk of injury/death increases after age > 55 yr

SBP < 110 MAY represent shock after age 65 yr

Low impact mechanisms (e.g. ground level falls) MAY result in severe injury

Child age < 15 yr

Anticoagulation/Bleeding disorders (Coumadin/Warfarin, Plavix, Pradaxa, etc.)

Patients with head injury are at high risk for rapid deterioration

Time Sensitive Extremity Injury (Open Fx, major joint dislocation/Fx w/neurovascular compromise, etc.)

Pregnancy > 20 weeks

Multiple Patient situations

EMS/Provider Judgement

Contact Medical Control, advise of co-morbidities for consideration of activation

When in doubt, Activate/Contact Medical Control!