COUNTY OF SACRAMENTO
EMERGENCY MEDICAL SERVICES AGENCY

Program Document: **Trauma Destination**
Policy Number: 5052.20

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Signature on File
EMS Medical Director

Signature on File
EMS Administrator

Purpose:

A. To guide prehospital care personnel in determining which patients require the services of a designated trauma center.
B. To serve as the emergency medical system standard for triage of patients suffering acute injury or suspected acute injury.

Authority:

A. California Health and Safety Code, Division 2.5
B. California Code of Regulations, Title 22, Division 9

Definitions:

A. Critical Trauma Patient (CTP): A patient found to have at least one of the trauma triage criteria as per PD# 5053 – Trauma Triage Criteria.
B. Non-Critical Trauma Patient (NCTP): A patient found to have none of the trauma triage criteria.

Protocol:

A. Any patient who is suffering from an acute injury or suspected acute injury shall have the Trauma Triage Criteria (Policy #5053) applied by prehospital care personnel
B. Transportation units, both ground, and air shall transport CTPs who are the subject of any 9-1-1, emergency, or non-emergency response, to the time closest appropriate designated trauma center (Policy #5053). If direct medical oversight is necessary, it shall be provided by the receiving Sacramento County Emergency Medical Services Agency (SCEMSA) designated trauma center

C. All CTPs ≤14 years of age will be transported to a designated pediatric trauma center i.e., University California Davis Medical Center (UCDMC) with the following exceptions:
   1. Pediatric patients without an effective airway may be transported to the nearest available facility for emergent airway establishment
   2. Pediatric trauma patients under Cardiopulmonary Resuscitation (CPR) shall be transported to the time closest trauma facility
   3. If UCDMC is closed to pediatric trauma, pediatric patients shall be taken to the time closest trauma center
   4. Pediatric patients with a tourniquet in place will be transported to UCDMC
D. Any adult patient with a tourniquet in place shall be transported to the appropriate trauma center.
E. The paramedic with a NCTP may utilize a SCEMSA-designated trauma base station for direct medical oversight.
F. The CTP without an effective airway shall be transported to the closest available hospital with an emergency department for stabilization prior to transfer to a designated trauma center when a life-threatening respiratory condition exists, i.e. obstructed airway or unrelieved tension pneumothorax.
G. The NCTP who, in the judgment of a base hospital, requires immediate surgical intervention or other services of a designated trauma center shall be transported to a designated trauma center.
H. Direct medical oversight shall be obtained from a SCEMSA-designated trauma center for any CTP refusing to be transported to a designated trauma center to guide prehospital emergency personnel in arriving at a destination decision.
I. Any patient who meets trauma triage criteria, and who has an LVAD shall be transported to UCDMC.
J. Trauma Re-Triage:
   1. Patients initially presenting at non-trauma centers, including walk-in traumas or those requiring critical interventions such as airway stabilization, should be re-evaluated using SCEMSA Trauma Triage Criteria.
   2. If Trauma Triage Criteria is met, rapid re-triage activation should occur to ensure timely transfer to a designated Trauma Center.
      a. This includes the activation of 911 to expedite transport.

3. Receiving hospitals are required to utilize SCEMSA Trauma Triage Criteria to determine the necessity of a trauma re-triage transfer, avoiding unnecessary use of EMS resources for patients who do not meet the criteria.

Cross Reference:

PD# 5053 - Trauma Triage Criteria