Trauma and Burn
EMS Triage and Destination Plan

Trauma or Burn Patient = Any patient less (regardless of age) with a significant injury or burn

The Purpose of this plan is to:
* Rapidly identify injured or burned patients who call 911 or present to EMS
* Minimize the time from injury to definitive care for critical injuries or burns
* Quickly identify life or limb threatening injuries for EMS treatment and stabilization
* Rapidly identify the best hospital destination based on time of injury, severity of injury, and predicted transport time
* Early activation/notification to the hospital of a critically injured or burned patient prior to patient arrival
* Minimize scene time to 10 minutes or less from patient extrication with a “load and go” approach
* Provide quality EMS service and patient care to the EMS Systems citizens
* Continuously evaluate the EMS System based on North Carolina’s EMS performance measures

Acutely Injured or Burned Patient

Evidence of extreme shock or un-manageable airway

No

Any Abnormal Vital Signs?

* Glasgow Coma Score: <13 or intubated
* Systolic Blood Pressure: <90 mmHg
* Respiratory Rate: <10 or >29 breaths per min. (<20 in infant aged <1 year)

No

Critical Injury by Assessment?

* Penetrating injury to head, neck, torso, or extremities proximal to elbow and knee
* Flat Chest or Pneumothorax
* Two or more proximal long-bone fractures
* Crushed, degloved, or mangled extremity
* Amputation proximal to wrist and ankle
* Pelvic fractures
* Visibly Open or depressed skull fracture
* Paralysis
* Critical or Serious Burns (per EMS Burn Protocol)

No

Special Considerations?

* Anticoagulation and bleeding disorders
* Pregnancy >20 weeks

No

Significant Mechanism?

* Falls: Adults >20 ft, Children >10 ft
* MVC: Intrusion >12 inches occupant side
* Ejection
* Death in same vehicle
* Vehicle Telemetry with high risk injury
* Auto vs. pedestrian/bicyclist thrown, run over
* Motorcycle crash >20 mph

No

Transport to the Nearest Hospital for Stabilization Unless Minimal Additional Time to a Trauma Center

Trauma Center (Burn Center for isolated Burn Injury) within 60 minutes of EMS Transport?

No

Air Medical SCTP within 30 minutes of patient’s location or helipad?

Yes

Activate Air or Ground SCTP

Transport to closest Trauma Center (Burn Center for isolated Burn)

* Choose a Level 3 Trauma Center if EMS transport time is less than 30 minutes compared to a Level 1 or 2 Trauma Center

Early Notification/Activation

Cape Fear Valley Medical Center
New Hanover Regional Medical Center
Southeastern Regional Medical Center

Transport to closest Community Hospital Listed Unless Trauma Center can be reached in a near equal time

Early Notification/Activation

Cape Fear Bladen County Hospital
Columbus Regional Hospital
Sampson Regional Medical Center
Pender Memorial Hospital

Pearls and Definitions
* All Injury and Burn Patients must be triaged and transported using this plan. This plan is in effect 24/7/365
* All Patient Care is based on the EMS Trauma Protocols
* Designated Trauma Center = a hospital that is currently designated as a Trauma Center by the North Carolina Office of Emergency Medical Services. Trauma Centers are designated as Level 1, 2, or 3 with Level 1 being the highest possible designation. Free standing emergency departments and satellite facilities are not considered part of the Trauma Center.
* Burn Center = a ABA verified Burn Center co-located with a designated Trauma Center
* Community Hospital = a local hospital within the EMS System’s service area which provides emergency care but has not been designated as a Trauma Center
* Specialty Care Transport Program = an air or ground based specialty care transport program which can assume care of an acutely injured patient from EMS or a Community Hospital and transport the patient to a designated Trauma Center.

Bladen County EMS System
This protocol has been developed by the North Carolina Office of EMS