



Scottish Ambulance Service

Taking Care to the Patient

Adult Trauma Triage Tool ≥ 16



Use this tool to Triage all Significantly Injured Patients or Patients involved in a High Mechanism Incident

Clinical Judgement is important and valued.

If you are concerned that your patient's triage category does not reflect their needs, you require clinical or logistical advice please contact the **Trauma Desk** directly on

03333

990 211

or by airwave by placing a callback to your local area dispatcher who will arrange a callback from the Trauma Desk.



Triage Questions

Step 1

Assess your Patient's Physiology

Does your Patient have any of the following:

- Systolic blood pressure < 90 mmHg, or no radial pulse
- Glasgow Coma Scale < 14
- Respiratory Rate < 10 or > 29 breaths/min

Step 2

Assess your Patient's Injuries

Does your Patient have any of the following:

- Penetrating injury to head, neck, torso or extremities proximal to elbow or knee
- Chest Wall instability or deformity
- Two or more proximal limb fractures
- Crushed, degloved, mangled or pulseless extremity
- Amputation proximal to wrist or ankle
- Suspected Pelvic Fracture
- Open or Depressed Skull Fracture
- Paralysis

Step 3

Assess the Mechanism of Injury

Did any of the following occur:

- Fall > 20 Feet
- High Risk Vehicle Accident
 - With > 12 " Intrusion
 - Ejection (partial or complete)
 - Death in same passenger compartment
- Vehicle Striking Pedestrian/Cyclist at > 20 mph
- Motorcycle accident at > 20 mph

Step 4

Special Considerations

Are any of the following present:

- Age > 55 years
- Bleeding Disorder or Anticoagulant Treatment
- Isolated Burns (Liaise with Trauma Desk)
- Pregnancy > 20 weeks
- Morbid Obesity

YES
NO

Response Category

Should the airway become compromised and cannot be managed, consider conveying/diverting to the nearest locally designated Emergency Department

Major trauma centre care



Your Patient requires **Major Trauma Centre (MTC) Care**

- If < 45 minutes from MTC = convey to MTC
- If > 45 minutes from MTC = contact Trauma Desk



If you do not think your patient requires MTC, contact Trauma Desk

Remember to pre-alert the receiving hospital via airwave if you are managing a patient triaged to MTC

Trauma unit care



Your Patient requires **Trauma Unit (TU) Care**

- Convey to the nearest TU, or MTC if closer
- If > 45 minutes from TU/MTC contact Trauma Desk



If you do not think your patient requires TU/MTC, contact Trauma Desk

Local



Convey your patient to the nearest **Local Emergency Hospital**



If you think your patient requires TU/MTC, contact Trauma Desk



Scottish Ambulance Service
Taking Care to the Patient

Paediatric Trauma Triage Tool



Use this tool to triage all children under 16 years old who have suspected major trauma

Clinical Judgement is important and valued.

If you are concerned that your patient's triage category does not reflect their needs, you require clinical or logistical advice please contact the **Trauma Desk** directly on

03333 990 211

or by airwave by placing a callback to your local area dispatcher who will arrange a callback from the Trauma Desk.

Physiological Reference Ranges*

Age	RR	Pulse
<2Y	30-40	100-160
<2-5Y	25-30	95-140
5-11Y	20-25	80-120
>12Y	15-20	60-100

*Also refer to JRCALC Age-Per-Page for more physiological reference ranges

Triage Questions

Step 1

Assess your Patient's Physiology

Does your Patient have any of the following:

- Abnormal vital signs for age* not explained by pain or distress
- Abnormal conscious level
- Catastrophic haemorrhage

Step 2

Assess your Patient's Injuries

Does your Patient have any of the following:

- Penetrating injury to head, neck, torso
- Suspected open, depressed or basal skull fracture
- Suspected spinal injury with new onset neurology
- Significant bruising to chest or abdomen
- Traumatic amputation/mangled extremity proximal to wrist/ankle
- Suspected pelvic fracture
- Multiple and/or single open long bone fracture
- Burns/scalds >20% BSA and or facial or circumferential burns from flame

Step 3

Assess the Mechanism of Injury

Did any of the following occur:

- Traumatic death in same incident/by same mechanism
- "Bull's eye" damage to windscreen or damage to "A" post (from pedestrian striking outside of vehicle)
- Ejection from motor vehicle
- Pedestrian/cyclist struck by vehicle at >20mph
- Uninterrupted fall over 2x patient's height (not bouncing down stairs)
- Bicycle handlebar injury with abdominal and/or groin pain

Step 4

Special Considerations

Are any of the following present:

- Bleeding disorder or anticoagulant treatment
- Isolated burns (liaise with trauma desk)
- Pregnancy >20 weeks
- Significant crew concern (discuss case with Trauma Desk prior to transfer)

YES
NO

Response Category

Should the airway become compromised and cannot be managed, consider conveying/diverting to the nearest locally designated Emergency Department

Major trauma centre care



Your Patient requires **Major Trauma Centre (MTC) Care**

- If <45 minutes from MTC = convey to MTC
- If >45 minutes from MTC = contact Trauma Desk



If you do not think your patient requires MTC, contact Trauma Desk

Remember to pre-alert the receiving hospital via airwave if you are managing a patient triaged to MTC

Trauma unit care



Your Patient requires **Trauma Unit (TU) Care**

- Convey to the nearest TU, or MTC if closer
- If >45 minutes from TU/MTC contact Trauma Desk



If you do not think your patient requires TU/MTC, contact Trauma Desk

Local



Convey your patient to the nearest **Local Emergency Hospital**

- Your patient can be taken to the nearest hospital with an Emergency Department, regardless of designation



If you think your patient requires MTC, contact Trauma desk