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Major Trauma Triage Decision Tool



South East Coast Ambulance Service NHS

*If over 60 minutes travel time to MTC discuss

with CCD



Apply to all adults or children with possible major trauma

STEP 1 - Assess vital signs and level of consciousness **Pre-alert Update CCD** 1a. Sustained RR <10 or >29 C Convey to MTC with 1b. Sustained systolic <90mmHg or absent radial pulse Callsign pre-alert 1c. GCS motor score of 4 or less JRCALC page for age should be used to identify physiological abnormality in children Age STEP 2 - Assess for anatomical injury Yes to ANY (MT+ve) 2a. Open pneumothorax or flail chest AND within 60 mins Injury Time 2b. Major pelvic injury (e.g. severe pain, disruption of the pelvic ring) travel time* 2c. More than 1 fractured femur/humerus 2d. Open or depressed skull fracture M Mechanism 2e. Penetrating trauma to chest, back, abdomen, pelvis, neck or groin No to ALL (MT-ve) Mangled or amputated limb proximal to wrist/ankle 2g. High energy/complex open fracture, e.g. long bone, tissue loss, vascular compromise Injuries 2h. Spinal injury with new abnormal neurology **Update CCD** STEP 3 - Clinical concern Vital Signs Convey to TU 3a. Significant clinical concern - discuss and agree triage with CCD Consider pre-alert T Treatment Elderly and frail patients If patient's ABCs are unmanageable consider triage to nearest TU or in extremis nearest ED Have higher index of suspicion for potential serious injury - discuss with CCD before transport Are at greater risk of severe injury from lower mechanism Increased risk if on anti-coagulant/anti-platelet medication

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Provide an early scene update to CCD for all potential major trauma patients - Talk Group 16 or call 0300 123 1252

· Have low threshold for pre-alerting if going to a TU