

EMS POLICIES AND PROCEDURES MANUAL

MEDICAL DIRECTIVES SECTION

Honolulu Emergency Services Department
City & County of Honolulu

- A. All penetrating injuries to head, neck, torso, and extremities proximal to elbow and knee
- B. Flail chest
- C. Two or more proximal long bone fractures
- D. Crushed, degloved or mangled extremity
- E. Amputation proximal to wrist or ankle
- F. Pelvic fractures
- G. Open or depressed skull fracture
- H. Paralysis

Category 3.

Assess mechanism of injury and evidence of high-energy impact. Trauma patients with the following mechanisms of injury should be transported to a trauma center. Patients who are adult active duty military, adult military dependents or retirees may be taken to Tripler after a radio call to the ER physician, if the transport will follow the 20 minute rule:

- A. Falls:
 - Adults >20 feet (one story is equal to 10 feet)
 - Children >10 feet or two or three times the height of the child
- B. High-risk auto crash:
 - Intrusion >12 inches occupant site; >18 inches any site
 - Ejection (partial or complete) from automobile
 - Death in same passenger compartment
 - Vehicle telemetry data consistent with high risk of injury
 - Auto vs. pedestrian/bicyclist thrown, run over, or with significant (>20 mph) impact
 - Motorcycle crash >20 mph

Category 4.

Assess special patient or system considerations. Consider transporting trauma patients with the following special circumstances to a trauma center or specialty hospital, but doesn't have to go to the highest level trauma center. Patients who are adult active duty military, military dependents or retirees may be taken to Tripler after a radio call to the ER physician, if the transport will follow the 20 minute rule:

- A. Age:
 - Older adults (risk of injury/death increases after age 55)

EMS POLICIES AND PROCEDURES MANUAL

MEDICAL DIRECTIVES SECTION

Honolulu Emergency Services Department
City & County of Honolulu

- Children (vital signs and anatomic criteria are less predictive in children)
- B. Anticoagulation and bleeding disorders
- C. Burns:
- D. Without significant trauma mechanism: Triage to burn facility (Straub)
- E. With Trauma Mechanism: Triage to trauma center
- F. Time sensitive extremity injury (open fractures, fractures with neurovascular compromise)
- G. End-stage renal disease requiring dialysis (due to the potential for coagulopathies)
- H. Pregnancy >20 weeks
- I. EMS provider judgment

Special Circumstances

- A. Trauma patients in cardiac arrest
 - Patients in cardiopulmonary arrest from blunt trauma who are found in asystole may be pronounced at the scene.
 - Patients in cardiopulmonary arrest from blunt trauma who are found in PEA or other non-perfusing rhythm should be transported to the nearest facility.
- B. Transport an injured patient to the closest hospital for assistance when the patient has an unstable *or* unsecured airway with impending respiratory failure.