

Measure vital signs and level of consciousness and assess for major injury

Category Alpha

<input type="checkbox"/> Motor GCS less than 6: Adult patients unable to follow commands or pediatric patients without spontaneous or purposeful movement.	<input type="checkbox"/> HR greater than SBP: For patients greater than or equal to 10 y.o.
<input type="checkbox"/> SBP: • Age 65 or older: SBP less than 110 mmHg • 10-64 y.o.: SBP less than 90 mmHg • Under 10 y.o.: SBP less than 70 + 2 x (age in years) mmHg	<input type="checkbox"/> Respiratory rate less than 10 or greater than 29 (less than 20 in infant less than 1 year) or need for ventilatory support.
	<input type="checkbox"/> Pulse ox less than 90%.

YES

Transport to trauma center or specialty center per protocol, if age less than 15 years should be taken to pediatric trauma center. Alert trauma team; consider helicopter transport if quicker and of clinical benefit (refer to GPC Section I).

NO

Assess for other injuries.

Category Bravo

<input type="checkbox"/> 2 or more proximal long-bone fractures	<input type="checkbox"/> Penetrating injuries to head, neck, torso, or extremities proximal to elbow and knee
<input type="checkbox"/> Amputation proximal to wrist or ankle	<input type="checkbox"/> Pelvic fracture
<input type="checkbox"/> Chest wall instability or deformity (e.g., flail chest)	<input type="checkbox"/> Suspected spinal injury with new motor or sensory loss
<input type="checkbox"/> Crushed, degloved, mangled, or pulseless extremity	<input type="checkbox"/> Active bleeding requiring a tourniquet or wound packing with continuous pressure
<input type="checkbox"/> Open or depressed skull fracture	

YES

Transport to trauma center or specialty center per protocol, if age less than 15 years should be taken to pediatric trauma center. Alert trauma team; consider helicopter transport if quicker and of clinical benefit (refer to GPC Section I).

NO

Evaluate for evidence of mechanism of injury and high-energy impact.

Category Charlie

<input type="checkbox"/> Child (age 0-9 years) unrestrained or in unsecured child safety seat in high impact crash (high speed, intrusion, head on collision, roll over)	High Risk Auto Crash (continued) • Ejection (partial or complete) from vehicle • Death in same passenger compartment • Vehicle telemetry data consistent with high risk of injury • Rollover without restraint • Auto v. pedestrian/bicyclist thrown, run over, or with significant (greater than 20 mph) impact • Visible seat belt sign • Rider separated from transport vehicle with significant impact (e.g., motorcycle, ATV, horse, watercraft, etc.)
<input type="checkbox"/> Fall from height greater than 10 feet (all ages)	
<input type="checkbox"/> Exposure to blast or explosion	
<input type="checkbox"/> High Risk Auto Crash • Intrusion (including roof) greater than 12 in. into occupant site; or greater than 18 in. at any site • Need for extrication for patients who are pinned (excluding straightforward door opening or "door pops")	

YES

Transport to Trauma Center; consider pediatric trauma center if age less than 15 years; alert trauma team. Patients within a **30-minute drive time** to the closest appropriate trauma/specialty center shall go by ground unless there are extenuating circumstances. Receiving Trauma Center medical consultation required when considering whether helicopter transport is of clinical benefit (refer to GPC Section I).

NO

Evaluate for other considerations.

Category Delta

<input type="checkbox"/> Older adults (greater than 55 years old) • Risk of injury/death increases after age 55 • Low-impact mechanisms (e.g., ground-level falls) may result in severe injury	<input type="checkbox"/> Burns* • Without trauma mechanism, triage to Burn Center • With trauma mechanism, triage to Trauma Center
<input type="checkbox"/> Low-level falls in young children (age less than or equal to 5 years) with significant head impact; symptoms may include: Altered Mental Status, prolonged LOC, seizures, non-frontal hematoma, or vomiting.	<input type="checkbox"/> Pregnancy greater than 20 weeks
	<input type="checkbox"/> EMS clinician judgment
	<input type="checkbox"/> Anticoagulants and bleeding disorders (Patients with head injury are at high risk for rapid deterioration)

YES

Consider transport to trauma center; obtain medical direction if uncertain; consider pediatric trauma center if age less than 15 years. Patients within a **30-minute drive time** to the closest appropriate trauma/specialty center shall go by ground unless there are extenuating circumstances. Receiving Trauma Center medical consultation required when considering whether helicopter transport is of clinical benefit (refer to GPC Section I).

NO

Transport according to protocol.

*Patients who meet criteria for transport to a burn center do not require medical consultation for use of the Medevac.