

BLUE = TACOMA GENERAL • 253-403-1050
(253-627-8500 Medic Phone)
RED = ST. JOSEPH • 253-426-6963
(253-426-6388 Medic Phone)

BASE STATION NUMBERS:
MADIGAN ARMY MEDICAL CENTER—253-968-1396
GOOD SAMARITAN HOSPITAL—253-848-0465
MARY BRIDGE HOSPITAL—253-403-1476
ST. ANTHONY HOSPITAL—253-530-2111
TACOMA FIRE—253-627-0151
FIRECOMM—253-588-5217

2012 Tacoma Trauma Services Calendar

JANUARY

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

FEBRUARY

S	M	T	W	T	F	S
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26	27	28	29			

MARCH

S	M	T	W	T	F	S
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APRIL

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29	30					

MAY

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JUNE

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JULY

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AUGUST

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SEPTEMBER

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23/30	24	25	26	27	28	29

OCTOBER

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NOVEMBER

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DECEMBER

S	M	T	W	T	F	S
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23/30	24/31	25	26	27	28	29

PIERCE COUNTY PREHOSPITAL TRAUMA TRIAGE (DESTINATION) PROCEDURES

- Prehospital triage is based on the following 4 steps: Steps 1 and 2 require prehospital EMS personnel to notify medical control and activate the Trauma System. Activation of the Trauma System in Step 3 & 4 is determined by medical control. ‡

STEP 1 – MEASURE VITAL SIGNS & LEVEL OF CONSCIOUSNESS

- Glasgow Coma Scale < 14 or
- Systolic blood pressure < 90 mmHg or
- Respiratory rate < 10 or > 29 breaths/minute (< 20 in infant < one year)

‡ If pre-hospital personnel are unable to effectively manage airway, consider rendezvous with ALS, or intermediate stop at nearest facility capable of immediate definitive airway management.



STEP 2 – ASSESS ANATOMY OF INJURY

- All penetrating injuries to head, neck, torso, and extremities proximal to elbow and knee
- Flail chest
- Two or more proximal long-bone fractures
- Crushed, degloved or mangled extremity
- Amputation proximal to wrist and ankle
- Pelvic fractures
- Open or depressed skull fracture
- Paralysis



STEP 3 – ASSESS MECHANISM OF INJURY & EVIDENCE OF HIGH-ENERGY IMPACT

FALLS

- Adults: > 20 ft. (one story is equal to 10 ft.)
- Children: > 10 ft. or 2-3 times the height of the child

HIGH-RISK VEHICLE CRASH

- Intrusion: > 12 in. occupant site; > 18 in. any site
- Ejection (partial or complete) from vehicle
- Death in same passenger compartment
- Vehicle telemetry data consistent with high risk of injury

VEHICLE V. PEDESTRIAN/BICYCLIST THROWN, RUN OVER, OR WITH SIGNIFICANT (> 20 MPH) IMPACT
MOTORCYCLE CRASH > 20 MP



STEP 4 – ASSESS SPECIAL PATIENT OR SYSTEM CONSIDERATIONS

AGE

- Older Adults: Risk of injury death increases after age 55 years
- Children: Should be triaged preferentially to pediatric-capable trauma centers

ANTICOAGULATION AND BLEEDING DISORDERS

BURNS

- Without other trauma mechanism: Triage to burn facility
- With trauma mechanism: Triage to trauma center

TIME SENSITIVE EXTREMITY INJURY

END-STAGE RENAL DISEASE

REQUIRING DIALYSIS

PREGNANCY > 20 WEEKS

EMS PROVIDER JUDGMENT



TRANSPORT PATIENT PER REGIONAL PATIENT CARE PROCEDURES



Take patient to the nearest Level I or Level II Trauma Center within 30 minutes transport time via ground or air transport according to DOH approved regional patient care procedures. ‡



‡ Burns & amputations transported to Harborview Medical Center



CONTACT MEDICAL CONTROL FOR DESTINATION DECISION



Take patient to the nearest appropriate Trauma Center within 30 minutes transport time via ground or air transport according to DOH approved regional patient care procedures.



Consider transport to a trauma center or a specific resource hospital.

