

APPENDIX: 16

TITLE: TSE and Code Critical Criteria

Revised: July 01, 2024

Time Sensitive Emergencies and Critical Criteria for Field Providers

CODE STROKE

This designation is used to notify appropriate receiving hospitals that the patient meets certain criteria outlined in *Protocol M-4 Adult CVA* and *G-3 Hospital Destination Protocol*

Example: "Medic 13 enroute with a Code Stroke Patient"

CODE STEMI

This designation is used to notify appropriate receiving hospitals that the patient meets certain criteria outlined in "*C-4: S.T.E.M.I. Protocol*".

Example: "Medic 13 enroute with a Code STEMI Patient. Pt's cardiologist is Dr. Goodheart."

Clinical presentation suggestive of ACS AND:

- New ST elevation at the J point in at least 2 contiguous leads of:
 - >2mm *in men* leads V2-V3 or
 - 1.5 mm *in women* in leads V2-V3 and/or
 - 1 mm in *other contiguous chest leads or limb leads*
- New or presumed new Left Bundle Branch Block; or
- ST Depression in > 2 precordial leads V1-V4 may indicate transmural posterior injury/infarction
- **Right sided EKG:** ST elevation from the J Point of approximately 1/3 QRS height measured from the J point in V4R alone, or in two contiguous leads.

**** It is imperative that the name of the cardiologist (if known) is given in the radio report. ****

CODE CRITICAL

This designation is used to notify appropriate receiving hospitals that the patient meets certain criteria for increased morbidity and mortality, but who otherwise don't fall under one of the other *Time Sensitive Emergency (TSE)* categories outlined above.

Example: "Medic 13 enroute with a Code Critical Patient."

Airway:

- Advanced Airway in place of any type (ETT, LMA, King, excluding longstanding tracheostomies unless tracheostomy related emergency)
- Impending Airway Failure (i.e., Anaphylaxis, ACE Angioedema, Airway Burns)
- GCS <8 or unable to control airway

Breathing (Respiratory):

- CPAP/BiLevel in use
- Impending Respiratory Failure
- Assistance with positive pressure ventilation

TSE and Code Critical Criteria

Circulation:

- Cardiac Arrest/Post Cardiac Arrest (ROSC)
- Symptomatic Hypotension < 90 mm Hg Systolic
- Symptomatic Bradycardia < 40/min in Adults
- Symptomatic Tachycardia > 150/min in Adults

Other Criteria:

- Suspected Severe Sepsis
- Restraints with continued combativeness or acute decompensation
- Suspected Hyperactive Delirium with Severe Agitation/Agitated Delirium
- Paramedic Discretion

Trauma Priority Criteria for Field Providers**General Comments:**

- The following criteria are based off Idaho Trauma Triage Guidelines (Version 5) published in November 2022. This appendix supplements protocol G-03 Hospital Destination Protocol



- **Adult** Definition: 15 years of age and older
- **Child/Pediatric** Definition: 14 years of age and younger (≤ 14 years of age)

Priority 1 Activation**Mental Status & Vital Signs**

- Unable to follow commands (motor GCS < 6)
- RR < 10 or > 29 breaths/min
- Respiratory distress or need for respiratory support
- Room air pulse oximetry < 90%

Age 0-9 years:

- SBP < 70mmHg + (2x age years)
- 0 - 12mo: HR > 180 or < 80 (bpm)
- 12mo - 5yrs: HR > 160 or < 70 (bpm)
- 6 - 9yrs: HR > 140 or < 60 (bpm)

Age 10-64 years:

- SBP < 90mmHg or
- HR > SBP

Age ≥ 65 years:

- SBP < 110mmHg or
- HR > SBP

Injury Patterns

- Penetrating injuries to head, neck, torso, **or** proximal extremities
- Skull deformity, suspected skull fracture **or** open/severe maxillofacial fracture
- Suspected spinal injury with new motor **or** sensory loss
- Chest wall instability, deformity, **or** suspected flail chest
- Suspected fracture of two **or** more proximal long bones
- Crushed, degloved, mangled, **or** pulseless extremity
- Amputation proximal to wrist **or** ankle
- Active bleeding requiring a tourniquet, **or** wound packing with continuous pressure
- Consider burn factors, including:
 - Partial thickness burns TBSA > 10%
 - Involve face, hands, feet, genitalia, perineum, **or** major joints
 - Inhalation injury
 - High voltage electrical injuries (e.g., industrial, lightning, etc.)
 - Burn in conjunction with trauma

Priority 2 Activation

Mechanism of Injury

- High-Risk auto crash
 - Partial **or** complete ejection
 - Significant intrusion (including roof)
 - > 12 inches occupant site **or**
 - > 18 inches any site **or**
 - Need for extrication for entrapped patient
 - Death in passenger compartment
 - Child (Age 0-9) unrestrained **or** in unsecured child safety seat
 - Vehicle telemetry data consistent with severe injury
- Rider separated from transport vehicle with significant impact (e.g., motorcycle, ATV, horse, etc.)
- Pedestrian/bicycle rider thrown, run over, **or** with significant impact
- Fall from height > 10 feet (all ages)
- Blunt abdominal trauma with firm, distended abdomen

EMS Judgment

Consider risk factors, including:

- Low-level falls in young children (age ≤ 5 years) **or** older adults (age ≥ 65 years) with significant head impact
- Anticoagulant use
- Suspicion of child abuse
- Suspicion of hanging, drowning, **or** exposure to hypothermic conditions
- Special, high-resource healthcare needs
- Pregnancy > 20 weeks
- Children should be triaged preferentially to pediatric capable centers

Priority may be UPGRADED by EMS Discretion

TSE FIELD TRAUMA TRIAGE GUIDELINES

Priority 1 High Risk for Serious Injury

Mental Status & Vital Signs

- Unable to follow commands (motor GCS < 6)
- RR < 10 or > 29 breaths/min
- Respiratory distress **or** need for respiratory support
- Room air pulse oximetry < 90%

Age 0-9 years:

- SBP < 70mmHg + (2x age years)
- 0 - 12mo: HR > 180 **or** < 80 (bpm)
- 12mo - 5yrs: HR > 160 **or** < 70 (bpm)
- 6 - 9yrs: HR > 140 **or** < 60 (bpm)

Age 10-64 years:

- SBP < 90mmHg **or**
- HR > SBP

Age ≥ 65 years:

- SBP < 110mmHg **or**
- HR > SBP

Injury Patterns

- Penetrating injuries to head, neck, torso, **or** proximal extremities
- Skull deformity, suspected skull fracture **or** open/severe maxillofacial fracture
- Suspected spinal injury with new motor **or** sensory loss
- Chest wall instability, deformity, **or** suspected flail chest
- Suspected fracture of two **or** more proximal long bones
- Crushed, degloved, mangled, **or** pulseless extremity
- Amputation proximal to wrist **or** ankle
- Active bleeding requiring a tourniquet, **or** wound packing with continuous pressure
- Consider burn factors, including:
 - Partial thickness burns TBSA > 10%
 - Involve face, hands, feet, genitalia, perineum, **or** major joints
 - Inhalation injury
 - High voltage electrical injuries (e.g. industrial, lightning, etc.)
 - Burn in conjunction with trauma

Patients meeting any one of the above RED criteria should be transported to the highest-level trauma center available within the geographic constraints of the regional trauma system.

Priority 2 Moderate Risk for Serious Injury

Mechanism of Injury

- High-Risk auto crash
 - Partial **or** complete ejection
 - Significant intrusion (including roof)
 - > 12 inches occupant site **or**
 - > 18 inches any site **or**
 - Need for extrication for entrapped patient
 - Death in passenger compartment
 - Child (Age 0-9) unrestrained **or** in unsecured child safety seat
 - Vehicle telemetry data consistent with severe injury
- Rider separated from transport vehicle with significant impact (e.g. motorcycle, ATV, horse, etc.)
- Pedestrian/bicycle rider thrown, run over, **or** with significant impact
- Fall from height > 10 feet (all ages)
- Blunt abdominal trauma with firm, distended abdomen

EMS Judgment

Consider risk factors, including:

- Low-level falls in young children (age ≤ 5 years) **or** older adults (age ≥ 65 years) with significant head impact
- Anticoagulant use
- Suspicion of child abuse
- Suspicion of hanging, drowning, **or** exposure to hypothermic conditions
- Special, high-resource healthcare needs
- Pregnancy > 20 weeks
- Children should be triaged preferentially to pediatric capable centers

Priority may be UPGRADED by
EMS DISCRETION



Version 5, Nov 2022

Patients meeting any one of the above YELLOW CRITERIA WHO DO NOT MEET RED CRITERIA should be preferentially transported to a trauma center as available within the geographic constraints of the regional trauma system (need not be the highest-level trauma center).