

APPENDIX: 16

TITLE: TSE and Code Critical Criteria

Revised: April 01, 2023

**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 issue with placement)
- Impending Airway Failure (i.e., Anaphylaxis, ACE Angioedema, Airway Burns)
- GCS <8 or unable to control airway

**Breathing (Respiratory):**

- CPAP 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/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 November 2022. This appendix supplements protocol G-03 Hospital Destination Protocol
-  **Child/Pediatric Definition:**  $\leq$  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  $\geq$  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).*