Appendix A

Field Triage of Injured Patients Guideline (FTG)– Stakeholder Feedback Tool

Q1 Demographics

Which of the following best describes your primary role at your main EMS job?

Patient Care Provider - A person whose primary role is the provision of emergency medical services to patients.

Educator - A person whose primary role is instructing individuals enrolled in an approved or accredited EMS training course or providing continuing education required for maintenance of licensure.

Preceptor - A person whose primary role is training individuals enrolled in an approved or accredited EMS training course in a clinical setting.

Dispatcher/Operator - A person whose primary role is EMS communications.

Administrator/Manager - A person whose primary role is the management and direction of an organization providing emergency medical services.

First-line Supervisor - A person whose primary role is the direct supervision of individuals providing emergency medical services.

Other - A person whose primary EMS role at their main job is not listed above:

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Q2 At what level are you currently practicing as an EMS provider?
Emergency Medical Responder; First Responder
Emergency Medical Technician - Basic
Emergency Medical Technician - Intermediate
O Paramedic
Advanced Emergency Medical Technician
○ Flight Nurse
Flight Respiratory Therapist
OPhysician
O Nurse Practitioner/Physician Assistant
Other. Please specify:

O Hospital - Refers to EMS agencies that are under the direct control of a hospital.
Fire Department (Paid and Volunteer) - An organization from which fire and emergency medical services are provided.
○ Tribal - An EMS agency operated by a federally recognized Indian or Alaska Native Tribe.
Military - An agency operated by one of the U.S. Armed Forces.
Government, Non-Fire Department - An agency operated directly by a federal, state, county, or local government entity other than the U.S. Armed Forces.
○ Private - An agency operated under the direct control of a for-profit or not-for-profit organization other than a hospital to include volunteer rescue squads operated independently of a fire department.
organization other than a hospital to include volunteer rescue squads operated
organization other than a hospital to include volunteer rescue squads operated independently of a fire department.

number of calls in the past 12 months.
Air Medical Care - Transport of patients from scene or hospital by rotor or fixed wing.
Primarily 911 response - Immediate response to an incident location, regardless of method of notification (for example, 911, direct dial, walk-in, flagging down).
O Primarily medical transport - Transport of a patient from one health facility to another.
Cequal mix of 911 and medical transport.
Clinical services - Provision of clinical services in an non-ambulance clinical setting such as emergency department, medical office, or dialysis clinic.
Mobile Integrated Healthcare & Community Paramedicine- Provision of clinical services in an out-of-hospital community setting.
Other. Please specify:
End of Block: Introductory Questions- Page 1
Start of Block: Introductory Questions- Page 2
Q5 A major trauma patient in your area is taken by ground to:
Closest Level I or II trauma center
Closest Level III or IV trauma center
O Closest hospital (non-trauma center)
*
Q6 What is the average time by ground, in minutes, with good weather and low traffic volumes, to reach your closest trauma center of any level?

Q4 Which of the following best describes the primary type of service provided by your main

*
Q7 What is the average time by ground, in minutes, with good weather and low traffic volumes, to reach your closest Level I or II trauma center ?
Q8 A major trauma patient in your area taken by air:
O% of the time
O 1-25% of the time
○ 26-50% of the time
○ 51-75% of the time
○ 76-99% of the time
○ 100% of the time
Q9 In your region, how often is air transport <i>unavailable</i> (e.g. due to weather, aircraft availability)?
O% of the time
O 1-25% of the time
○ 26-50% of the time
○ 51-75% of the time
○ 76-99% of the time
○ 100% of the time
End of Block: Introductory Questions- Page 2
Start of Block: Introductory Questions - Page 3

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Q10 When there is new information regarding trauma patient care, how do you typically find out about it before it is integrated into your local protocol? Select all that apply.
Attending a conference
Internet/newspaper/television
Academic journals
State or regional authorities
Local agency
Colleagues
Social media
Other. Please specify:
Q11 What percentage of the time does your judgement override the FTG?
O-20%
O 21-40%
O 41-60%
O 61-80%
O 81-100%

Q12 When your judgement overrides the FTG, do you most often find yourself:
 a. Transporting a patient to a trauma center when they don't necessarily meet criteria based on the current FTG?
b. Transporting a patient to a non-trauma center when they meet criteria for a trauma center based on FTG?
○ c. Equal mix of both a and b.
*
Q13 What transport time, by ground, in minutes, do you think is reasonable to travel to a Level I or II trauma center as opposed to a closer hospital with a patient meeting Step 1 or 2 triage criteria?
End of Block: Introductory Questions - Page 3
Start of Block: Introductory Questions - Page 4
Q14 Which Step drives the majority of the decisions to take patients to a trauma center in your area?
Step 1- Measure vital signs and level of consciousness
Step 2- Assess anatomy of injury
O Step 3- Assess mechanism of injury and evidence of high-energy impact
Step 4- Assess special patient or system considerations

Assess mechanism of injury and evidence of high-energy impact Assess anatomy of injury Assess special patient or system considerations Measure vital signs and level of consciousness Q16 Please place the steps in the order you use them as a provider in the field in determining
Measure vital signs and level of consciousness Q16 Please place the steps in the order you use them as a provider in the field in determining
Q16 Please place the steps in the order you use them as a provider in the field in determining
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patient transportation destination. (Drag and drop your responses.) Assess mechanism of injury and evidence of high-energy impact Assess anatomy of injury
Assess special patient or system considerations Measure vital signs and level of consciousness
Q17 Do you think this step-wise approach to triage is useful for implementation of trauma triage criteria? Yes. Why?
O No. Why not?
Q18 Are there any other specific tools you find helpful to assist in consistent implementation of trauma triage criteria?
End of Block: Introductory Questions - Page 4

Start of Block: Step 1: Measure Vital Signs and Level of Consciousness

Step 1 Q1 Step 1: Measure Vital Signs and Level of Consciousness
Is Step 1 of the FTG (physiologic criteria) used in your local protocol?
○ Yes
○ No
Step 1 Q2 How easy is it to understand Step 1 of the FTG when used in your local protocol?
O Very easy
○ Easy
O Neither easy nor difficult
O Difficult. Why?
O Very difficult. Why?
O Not applicable
Step 1 Q3 How important is Step 1 of the FTG to triage?
Extremely important
O Very important
O Moderately important
○ Slightly important
O Not at all important

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Step 1 Q4 Please indicate whether you would keep, eliminate, or change each of the *physiologic measures* within Step 1 of the FTG.

	Keep	Eliminate	Change	
Glasgow Coma Scale ≤ 13	0	0	0	
Systolic Blood Pressure	\circ	\circ	0	
Respiratory rate 29 breaths per minute (0		0	
Display This Question: If Please indicate who wit = Change	ether you would keep, elin	ninate, or change each of the p	ohysiologic measures	
Step 1 Q4.1 As indicate the <i>physiologic measu</i>	•	, please describe what you FTG.	would change about	
Step 1 Q5 Are there any additional <i>physiologic measures</i> that are used by your EMS agency to support trauma center triage? O Yes. Please specify:				
○ No				

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Step 1 Q6 Are there any additional <i>physiologic measures</i> you believe should be added in the next iteration of the Guidelines?
O Yes. Please specify:
○ No
End of Block: Step 1: Measure Vital Signs and Level of Consciousness
Start of Block: Step 2: Assess Anatomy of Injury
Step 2 Q1 Step 2: Assess Anatomy of Injury
Is Step 2 of the FTG used in your local protocol?
○ Yes
○ No
Step 2 Q2 How easy is it to understand Step 2 of the FTG when used in your local protocol?
O Very easy
○ Easy
O Neither easy nor difficult
O Difficult. Why?
O Very difficult. Why?
O Not applicable

Step 2 Q3 How important is Step 2 of the FTG to triage?	
Extremely important	
O Very important	
O Moderately important	
O Slightly important	
O Not at all important	

Step 2 Q4 Please indicate whether you would keep, eliminate, or change each *injury type* used to identify the major trauma patient?

	Keep	Eliminate	Change
All penetrating injuries to head, neck, torso and extremities proximal to elbow or knee	0	0	0
Chest wall instability or deformity (e.g. flail chest)	0	0	\circ
Two or more proximal long-bone fractures	0	0	\circ
Crushed, degloved, mangled, or pulseless extremity	0	0	\circ
Amputation proximal to wrist or ankle	0	0	\circ
Pelvic Fractures	0	\circ	0
Open or depressed skull fracture	0	0	0
Paralysis	\circ	0	\circ

Display This Question:

If Please indicate whether you would keep, eliminate, or change each injury type used to identify th... Change

the <i>injury types</i> used to identify the major trauma patient.
Step 2 Q5 Are there any additional <i>injury types</i> that are used by your EMS agency to suppor trauma center triage?
O Yes. Please specify:
○ No
next iteration of the Guideline?
No No
No End of Block: Step 2: Assess Anatomy of Injury
next iteration of the Guideline? Yes. Please specify: No End of Block: Step 2: Assess Anatomy of Injury Start of Block: Step 3: Assess Mechanism of Injury and Evidence of High-energy Impact
next iteration of the Guideline? Yes. Please specify: No End of Block: Step 2: Assess Anatomy of Injury Start of Block: Step 3: Assess Mechanism of Injury and Evidence of High-energy Impact Step 3 Q1 Step 3: Assess Mechanism of Injury and Evidence of High-energy Impact

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Step 3 Q2 How easy is it to understand Step 3 of the FTG when used in your local protocol?
O Very easy
○ Easy
O Neither easy nor difficult
O Difficult. Why?
O Very difficult. Why?
O Not applicable
Step 3 Q3 How important is Step 3 of the FTG to triage?
Extremely important
O Very important
Moderately important
○ Slightly important
O Not at all important

Step 3 Q4 Please indicate whether you would keep, eliminate, or change each *mechanism of injury* used to identify the major trauma patient?

Keep	Eliminate	Change
0	0	0
0	0	
0	0	0
0	0	0
ed in the question above,	please describe what you	
	ether you would keep, elimined in the question above,	Keep Eliminate Comparison of the comparison o

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Step 3 Q5 Are there any additional <i>mechai</i> to support trauma center triage?	nisms of injury that are used by your EMS agency
O Yes. Please specify:	
○ No	
Step 3 Q6 Are there any additional <i>mechal</i> improve the next iteration of the Guideline?	nisms of injury you believe should be added to
O Yes. Please specify:	
○ No	
End of Block: Step 3: Assess Mechanisr	m of Injury and Evidence of High-energy Impact
Start of Block: Step 4: Assess Special Pa	atient or System Considerations
Step 4 Q1 Step 4: Assess Special Patient	t or System Considerations
Is Step 4 of the FTG used in your local pro	ntocol?
	ilocoi:
○ Yes	
○ No	

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Step 4 Q2 How easy is it to understand Step 4 of the FTG when used in your local protocol?
O Very easy
○ Easy
O Neither easy nor difficult
O Difficult. Why?
O Very difficult. Why?
O Not applicable
Step 4 Q3 How important is Step 4 of the FTG to triage?
Extremely important
O Very important
O Moderately important
○ Slightly important
O Not at all important

Step 4 Q4 Please indicate whether you would keep, eliminate, or change each **special patient or system consideration** influencing your identification of a major trauma victim?

	Keep	Eliminate	Change
Colder Adults: Risk of injury/death increases after age 55 years SBP <110 may represent shock after age 65 Low impact mechanisms (e.g. ground level falls) may result in severe injury	0	0	0
be triaged preferentially to pediatric capable trauma centers		0	0
Anticoagulants and bleeding disorders: Patients with head injury are at high risk for rapid deterioration	0	0	0
other trauma mechanism: triage to burn facility With trauma mechanism: triage to trauma center	0	0	0
regnancy >20 weeks	\circ	0	\circ
EMS provider judgment	0	0	0

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Displa _.	y This (Quesi	ion:
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If Please indicate whether you would keep, eliminate, or change each special patient or system consi... = Change

Step 4 Q4.1 As indicated in the question above, please describe what you would change about the <i>special patient or system considerations</i> influencing your identification of a major traum victim.	
Step 4 Q5 Are there any additional <i>special patient or system considerations</i> that are used your EMS agency to support trauma center triage? O Yes. Please specify:	ЭУ
O No	
Step 4 Q6 Are there any additional <i>special patient or system considerations</i> you believe should be added to improve the next iteration of the Guideline?	
O Yes. Please specify:	
○ No	
End of Block: Step 4: Assess Special Patient or System Considerations	

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