

# Level I/II Trauma Centers in the Greater Kansas City Area

## Missouri

### Level I Trauma Centers

- ① Children's Mercy Hospital
- ② St. Lukes — Kansas City (Plaza)
- ③ Truman Medical Center — Hospital Hill

### Level II Trauma Centers

- ④ Independence Regional Health Center
- ⑤ Liberty Hospital
- ⑥ North Kansas City Hospital
- ⑦ Research Medical Center

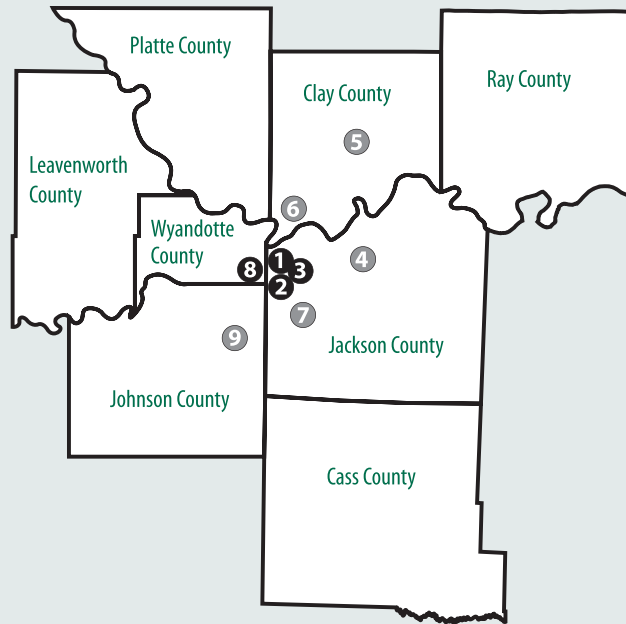
## Kansas

### Level I Trauma Center

- ⑧ University of Kansas Hospital

### Level II Trauma Center

- ⑨ Overland Park Regional Medical Center



# DEFINING TRAUMA

FOR AMBULANCE ROUTING  
IN GREATER KANSAS CITY



### About MARCER:

MARCER, the Mid-America Regional Council Emergency Rescue Committee, promotes regional coordination and cooperation in emergency pre-hospital care for metropolitan Kansas City. MARCER is composed of professionals in the emergency medical services (EMS) community.

Members include state-licensed emergency ambulance services and other EMS providers, as well as representatives from area hospitals, emergency room nurse managers, the Heart of America Metro Fire Chiefs Council and Kansas and Missouri Hospital Associations. For more information, visit [www.marc.org/emergency/marcer.htm](http://www.marc.org/emergency/marcer.htm).



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# MARCER

MID-AMERICA REGIONAL COUNCIL  
EMERGENCY RESCUE COMMITTEE

# When should patients be diverted to trauma centers?

When people are seriously injured, the closest hospital may not always be the best. Some injuries require the specialized care that only Level I/II Trauma Centers can provide.

However, overloading trauma centers with patients who are not really in need of specialized treatment can cause unnecessary delays and expense.

As a trained professional, you'll need to make the call on whether your patient needs trauma-level care. The criteria listed here are intended to serve as a supplemental guideline to your own agency's policies and procedures.



## Guidelines for routing patients to Level I/II Trauma Centers

### Take patients who fit these criteria to a trauma center:

#### ■ Physiological

- Glasgow Coma Scale < 14
- Systolic blood pressure < 90
- Respiratory rate < 10 or > 29
- Revised Trauma Score < 11

#### ■ Assessment

- Penetrating injury to the head, neck, torso or extremities proximal to elbow or knee
- Flail chest
- Combination trauma with burns
- Two or more proximal long-bone fractures
- Pelvic fracture
- Open and/or depressed skull fracture
- Paralysis
- Amputation proximal to wrist or ankle
- Major burns

### Consider a trauma center or call for medical direction for these patients:

#### ■ Injury Mechanism

- Ejection from automobile
- Fall from a height greater than 20 feet
- Death in same passenger compartment
- Rollover
- Extrication time greater than 20 minutes
- High-speed auto crash
  - Initial speed greater than 40 mph
  - Major auto deformity greater than 20"
  - Intrusion into passenger compartment greater than 12"
- Auto/pedestrian or auto/bicycle injury with significant (greater than 5 mph) impact
- Pedestrian thrown or run over
- Motorcycle crash at greater than 20 mph or with separation of rider from bike

#### ■ Other

- Ages under 5 or over 55
- Patients with cardiac or respiratory disease
- Patients with insulin-dependent diabetes, cirrhosis or morbid obesity
- Patients who are pregnant
- Immunosuppressed patients
- Patients with bleeding disorders or patients on anticoagulants

**When in doubt, take patients to a trauma center.**

Based on the American College of Surgeons *Field Triage Decision Scheme*.  
Not all hospitals use the same criteria for trauma activation. Follow your agency's protocols.

**Not every patient injured in an auto accident will automatically need trauma-level treatment. Routing patients properly helps ensure the best possible care.**

