

## BC Plus Rapid Transport Criteria

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To ensure that seriously injured patients are transported to hospital as soon as possible, the Rapid Transport Criteria have been developed. Trauma specialists have developed this list of criteria and it is used throughout North America. These criteria help the First Aid attendant determine which patients must be transported with great haste. The following criteria must be memorized and carried with the First Aid attendant at all times for handy reference.

Whether a patient meets the criteria can be established by considering:

- Mechanism of Injury
- Anatomical Criteria
- Physiological Criteria

If the patient meets any of the following criteria, rapid transport is required. Any treatment prior to packaging should be limited to critical interventions.

### Mechanism of Injury

- Free fall from a height greater than 6.5 m (approx. 20 ft.) (one story is equal to approx. 3.2 meters/10 ft.)
- Severe deceleration in a motor vehicle accident characterized by:
  - high-speed accident and/or major vehicular damage
  - broken windshield, bent steering wheel, or significant damage to the passenger compartment
  - occupant thrown from vehicle (i.e., ejection), partial or complete
  - one or more vehicle occupants killed
  - roll-over type of accident — e.g., with a forklift
- Pedestrian, motorcyclist, or bicyclist struck at greater than 30 km/h (20 mph)
- Severe crush injuries
- Smoke or toxic-gas inhalation, or carbon monoxide poisoning <sup>i</sup>
- Decompression illness <sup>i</sup>
- Drowning <sup>i</sup>
- Electrical injuries <sup>i</sup>

## Anatomical Criteria

- Severe brain injury, defined as one or more of the following:
  - Glasgow Coma Score of 13 or less <sup>i</sup>
  - Pupillary inequality greater than 1 mm and sluggish response to light with altered level of consciousness <sup>i</sup>
  - Depressed skull fracture <sup>i</sup>
- New paralysis or neurological deficit
- Facial injury with potential for airway compromise
- Penetrating injury to the head, neck, chest, abdomen, groin, or extremities proximal to (above) elbow or knee
- Pelvic fracture <sup>i</sup>
- Two or more proximal long-bone fractures — e.g., femur, humerus
- De-gloved or pulseless extremity
- Chest wall instability or deformity e.g. Flail chest <sup>i</sup>
- Pregnant woman with significant trauma — e.g., a limb fracture, or chest or abdominal trauma
- Major Burns:
  - facial burns with or without inhalation injury <sup>i</sup>
  - extensive facial burns
  - electrical burns
  - second-degree (partial thickness) burns to more than 10% of the body surface <sup>i</sup>
  - third-degree (full thickness) burns to more than 2% of the body surface <sup>i</sup>
  - burns encircling a limb
  - major burns to the eyes, neck, hands, feet, or groin
  - chemical burns
- Amputation of an extremity other than a toe or finger
- Spinal cord injury, paraplegia or quadriplegia <sup>i</sup>
- Penetrating eye injuries <sup>i</sup>

## Psychological Criteria

- Decreased level of consciousness (does not respond with clear speech, or GCS < 13)
- Pupillary inequality greater than 1 mm and sluggish response to light with altered level of consciousness <sup>i</sup>
- Partial or complete airway obstruction
- Respiratory distress or ineffective breathing (Respiratory rate < 10 or > 30)
- Any condition requiring assisted ventilation
- Cardiac arrest
- Suspected heart attack
- Obvious shock
- Bleeding requiring the application of a tourniquet
- Acute poisoning, if directed by Poison Control Centre
- Seizures (involving shaking of the body) or Status epilepticus <sup>i</sup>
- Stroke <sup>i</sup>
- Anaphylactic reaction <sup>i</sup>
- Moderate or severe hypothermia <sup>i</sup>
- Heatstroke <sup>i</sup>

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<sup>i</sup> See Advanced Reference Manual for details