

Guidelines for Field Triage of Injured Patients

Measure vital signs and level of consciousness

- 1**
- | | |
|---------------------------------------|---|
| Glasgow Coma Scale | ≤13 |
| Systolic Blood Pressure (mmHg) | <90mmHg |
| Respiratory Rate | <10 or >29 breaths per minute, or need for ventilatory support (<20 in infant aged <1 year) |



Assess anatomy of injury

- 2**
- All penetrating injuries to head, neck, torso, and extremities proximal to elbow or knee
 - Chest wall instability or deformity (e.g. flail chest)
 - Two or more proximal long-bone fractures
 - Crushed, degloved, mangled, or pulseless extremity
 - Amputation proximal to wrist or ankle
 - Pelvic fractures
 - Open or depressed skull fracture
 - Paralysis



Assess mechanism of injury and evidence of high-energy impact

- 3**
- Falls**
- Adults: >20 feet (one story is equal to 10 feet)
 - Children: >10 feet or two or three times the height of the child

Continued on reverse

3 High-risk auto crash

- Intrusion, including roof: >12 inches occupant site; >18 inches any site
- Ejection (partial or complete) from automobile
- Death in same passenger compartment
- Vehicle telemetry data consistent with a high risk of injury

Auto vs. pedestrian/bicyclist thrown, run over, or with significant (>20 mph) impact

Motorcycle crash >20 mph



Assess special patient or system considerations

4 Older 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

Children

- Should be triaged preferentially to pediatric capable trauma centers

Anticoagulants and bleeding disorders

- Patients with head injury are at high risk for rapid deterioration

Burns

- Without other trauma mechanism: triage to burn facility
- With trauma mechanism: triage to trauma center
- Pregnancy >20 weeks EMS provider judgment



Transport according to protocol