2011 Guidelines for Field Triage of Injured Patients

Measure vital signs and level of consciousness

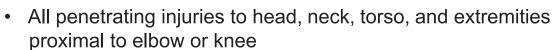
Glasgow Coma Scale Systolic Blood Pressure (mmHg) Respiratory Rate

≤13 <90 mmHg

<10 or >29 breaths per minute, or need for ventilatory support (<20 in infant aged <1 year)



Assess anatomy of injury



- 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

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

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

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

NO

Transport according to protocol

Transport to a trauma center. Steps 1 and 2 attempt to identify the most seriously injured patients. These patients should be transported preferentially to the highest level of care within the defined trauma system.

Transport to a trauma center, which, depending upon the defined trauma system, need not be the YES highest level trauma center.

Transport to a trauma center or hospital capable of timely and thorough evaluation and initial management of potentially serious injuries. Consider consultation with medical control.

When in doubt, transport to a trauma center.

YES

Find the plan to save lives, at www.cdc.gov/Fieldtriage



