2011 Guidelines for Field Triage of Injured Patients

1

Measure vital signs and level of consciousness

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

NO

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

YES

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.

NO

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
- **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**

YES

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

NO

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**

YES

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.

NO

Transport according to protocol

When in doubt, transport to a trauma center.

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

National Center for Injury Prevention and Control
Division of Injury Response