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)

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

2

Assess anatomy of injury

- 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, which, depending upon the defined trauma system, need not be the highest level trauma center.

NO

3

Assess mechanism of injury and evidence of high-energy impact

- **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 or hospital capable of timely and thorough evaluation and initial management of potentially serious injuries. Consider consultation with medical control.

NO

4

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

When in doubt, transport to a trauma center.

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

National Center for Injury Prevention and Control
Division of Injury Response