2011 Guidelines for Field Triage of Injured Patients

1. Measure vital signs and level of consciousness

- Glasgow Coma Scale ≤13
- Systolic Blood Pressure <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.

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

   **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**

   **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**

   **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.

When in doubt, transport to a trauma center.
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Find the plan to save lives, at www.cdc.gov/Fieldtriage