Guidelines for Field Triage of Injured Patients

**Exhibit 2**

1. Measure vital signs and level of consciousness

<table>
<thead>
<tr>
<th>Condition</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Glasgow Coma Scale ≤13; or Systolic Blood Pressure &lt;90 mmHg; or Respiratory rate &lt;10 or &gt;29 breaths per minute (&lt;20 in infant aged &lt;1 year); or Need for ventilatory support</td>
<td><strong>Take to trauma center.</strong> 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 trauma system.</td>
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</tbody>
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2. Assess anatomy of injury

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

   **Take to 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 trauma system.

3. Assess mechanism of injury and evidence of high-energy impact

   - Falls
     - Adults: > 20 ft. (one story is equal to 10 ft.); or
     - Children: > 10 ft. or 2-3 times the height of the child; or
   - High-Risk Auto Crash
     - Intrusion, including roof: > 12 in. occupant site; > 18 in. any site; or
     - Ejection (partial or complete) from automobile; or
     - Death in same passenger compartment; or
     - Vehicle telemetry data consistent with high risk of injury; or
   - Auto vs. pedestrian/bicyclist thrown, run over, or with significant (> 20 mph) impact; or
   - Motorcycle or ATV crash > 20 mph

   **Take to closest appropriate trauma center,** which depending on the ATAB plan, need not be the highest level trauma center.

4. Assess special patient or system considerations

   - Older adults
     - Risk of injury/death increases after age 55 years; or
     - SBP <110 might represent shock after age 65 years; or
     - Low impact mechanisms (e.g. ground level falls) might result in severe injury; or
   - Children
     - Should be triaged preferentially to pediatric-capable trauma centers; or
   - Anticoagulants and bleeding disorders
     - Patients with head injury are at high risk for rapid deterioration; or
   - Burns
     - Without other trauma mechanism: triage to burn facility; or
     - With trauma mechanism: triage to trauma center; or
   - Pregnancy > 20 Weeks; or
   - EMS provider judgment

   **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.**

   **Transport according to protocol**