2011 Guidelines for Field Triage of Injured Patients

Measure vital signs and level of consciousness

<table>
<thead>
<tr>
<th>Glasgow Coma Scale</th>
<th>≤13</th>
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<tbody>
<tr>
<td>Systolic Blood Pressure (mmHg)</td>
<td>&lt;90 mmHg</td>
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<tr>
<td>Respiratory Rate</td>
<td>&lt;10 or &gt;29 breaths per minute, or need for ventilatory support (&lt;20 in infant aged &lt;1 year)</td>
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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

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

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

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 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.

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