

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

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

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

NO

Transport according to protocol

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.

YES

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

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.

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