T-4 Trauma Triage Algorithm

ALL PROVIDERS

Guidelines for Field Triage of Injured Patients

Transport to any Emergency Dept.

Transport to a Trauma Center

First: Measure vital signs and level of consciousness

Glasgow Coma Scale	≤13
Systolic Blood Pressure (mmHg)	<90mmHg
Respiratory Rate	<10 or >29 breaths per minute, or need for ventilatory support (<20bpm in an infant <1 year)

NO — YES

Second: 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 fractures
- Paralysis

NO — YES

Third: Measure vital signs and level of consciouness

- **Falls**
  - Adults: >20 feet
  - Children: >10 feet or three times the height of the child
- **High – Risk auto crash**
  - Intrusion into the passenger compartment or greater than 12 inches
  - Ejection (complete or partial) from automobile
  - Death in same passenger compartment
  - Significant mechanism
- **Auto vs. pedestrian/bicyclist thrown, run over, or with significant (>20mph) impact**
- **Motorcycle crash >20 mph**

NO — YES

Fourth: Assess special patient or system considerations

- **Older Adults**
  - Risk of Injury/death increases after age of 55 years old
  - SBP<110 may represent shock after age 65 years old
- **Children**
  - Should be triaged preferentially to pediatric capable trauma centers
- **Anticoagulants and bleeding disorders**
  - Patients with head injuries are at high risk for rapid deterioration
- **Burns**
  - Transfer to UNMH
- **Pregnancy of >20 weeks**
- **EMS provider judgement**

NO — YES

Transport to a Trauma Center or hospital capable of timely and thorough evaluation and initial management of injuries. Consider MCEP contact.

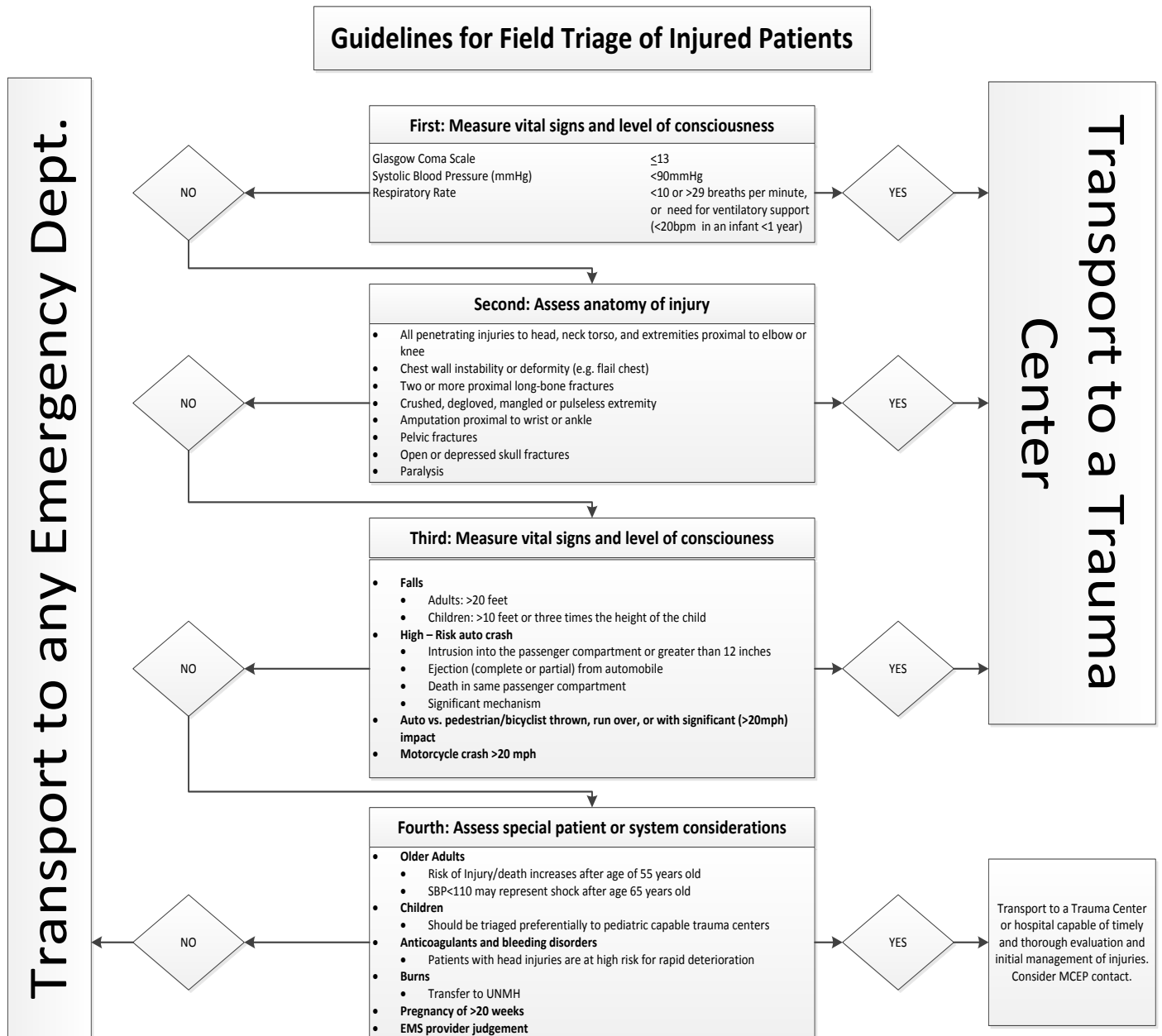| MCB Action	Passed 02/21/96	Implemented 04/01/96	Revised 02/15/16	Revision # 7	Implemented 03/20/2017