



MMWR™

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Recommendations and Reports
January 23, 2009 / Vol. 58 / RR-1

Continuing Education Activity Sponsored by CDC Guidelines for Field Triage of Injured Patients Recommendations of the National Expert Panel on Field Triage

EXPIRATION – January 23, 2012

You must complete and return the response form electronically or by mail by **January 23, 2012**, to receive continuing education credit. If you answer all of the questions, you will receive an award letter for 2.5 hours Continuing Medical Education (CME) credit; 0.2 Continuing Education Units (CEUs); 2.5 contact hours Continuing Nursing Education (CNE) credit; or 2.5 contact

hours Certified Health Education Specialist (CHES) credit. If you return the form electronically, you will receive educational credit immediately. If you mail the form, you will receive educational credit in approximately 30 days. No fees are charged for participating in this continuing education activity.

INSTRUCTIONS

By Internet

1. Read this *MMWR* (Vol. 58, RR-1), which contains the correct answers to the questions beginning on the next page.
2. Go to the *MMWR* Continuing Education Internet site at <http://www.cdc.gov/mmwr/cme/conted.html>.*
3. Select which exam you want to take and select whether you want to register for CME, CEU, CNE, or CHES credit.
4. Fill out and submit the registration form.
5. Select exam questions. To receive continuing education credit, you must answer all of the questions. Questions with more than one correct answer will instruct you to “Indicate all that apply.”
6. Submit your answers no later than **January 23, 2012**.
7. Immediately print your Certificate of Completion for your records.

* For CECBEMS credit, go to the Field Triage Internet site at <http://www.cdc.gov/FieldTriage>. CECBEMS credit is not available by mail or fax.

By Mail or Fax

1. Read this *MMWR* (Vol. 58, RR-1), which contains the correct answers to the questions beginning on the next page.
2. Complete all registration information on the response form, including your name, mailing address, phone number, and e-mail address.
3. Indicate whether you are registering for CME, CEU, CNE, or CHES credit. CECBEMS credit is not available by mail or fax.
4. Select your answers to the questions, and mark the corresponding letters on the response form. To receive continuing education credit, you must answer all of the questions. Questions with more than one correct answer will instruct you to “Indicate all that apply.”
5. Sign and date the response form or a photocopy of the form and send no later than **January 23, 2012**, to
Fax: 404-498-2388
Mail: MMWR CE Credit
CCHIS, Centers for Disease Control and Prevention
1600 Clifton Rd, N.E., MS E-90
Atlanta, GA 30333
6. Your Certificate of Completion will be mailed to you within 30 days.

ACCREDITATION

Continuing Medical Education (CME). CDC is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians. CDC designates this educational activity for a maximum of 2.5 AMA PRA category 1 credits. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Continuing Nursing Education (CNE). CDC is accredited as a provider of Continuing Nursing Education by the American Nurses Credentialing Center's Commission on Accreditation. This activity provides 2.5 contact hours.

Certified Health Education Specialist (CHES). CDC is a designated provider of continuing education contact hours (CECH) in health education by the National Commission for Health Education Credentialing, Inc. This program is a designated event for the CHES to receive 2.5 Category I contact hours in health education, CDC provider number GA0082.

Continuing Education Unit (CEU). CDC has been approved as an Authorized Provider by the International Association for Continuing Education and Training (IACET), 8405 Greensboro Drive, Suite 800, McLean, VA 22102. CDC is authorized by IACET to offer 0.2 CEU's for this program.

Continuing Education for Emergency Medical Services (CECBEMS). This continuing education activity is approved by the Continuing Education Coordinating Board for Emergency Medical Services (CECBEMS)—CECBEMS Activity #: 08-CECB-F2-0879, CEH Number and Type: 2.0 Advanced. Additional information is available at <http://www.cdc.gov/FieldTriage>.

Goal and Objectives

This report provides a description of the 2006 revised Field Triage Decision Scheme and its current content. The goal of this report is to help guide policy decisions by trauma system leaders; state, regional, and local Emergency Medical Services (EMS) medical directors and public health professionals in injury and EMS-related roles; and on-scene triage decisions by the approximately 800,000 EMS providers in the United States. Upon completion of this educational activity, the reader should be able to 1) describe the physiologic, anatomic, mechanism-of-injury, and special considerations criteria of the 2006 Field Triage Decision Scheme; 2) describe the specific components and content of each of the four steps of the 2006 Field Triage Decision Scheme; and 3) describe transportation decisions and destinations when Field Triage Criteria are met.

To receive continuing education credit, please answer all of the following questions.

- 1. Which of the following is not a component step in the 2006 Field Triage Decision Scheme?**
 - A. Physiologic criteria.
 - B. Transportation mode criteria.
 - C. Mechanism of injury criteria.
 - D. Anatomic criteria.
 - E. Special considerations criteria.
- 2. Recent evidence has demonstrated that care at a Level I trauma center lowers the risk of death for severely injured patients compared with treatment received at non-trauma centers by:**
 - A. 2%. D. 25%.
 - B. 10%. E. 40%
 - C. 14%.
- 3. The physiologic criteria that mandate transport to a trauma center include all of the following except...**
 - A. respiratory rate of <10 breaths per minute or >29 breaths per minute for persons aged ≥ 1 year.
 - B. systolic blood pressure of <90 mmHg.
 - C. Glasgow Coma Scale of <14.
 - D. respiratory rate of <18 breaths per minute in infants aged <12 months.
- 4. Anatomic criteria that mandate transport to a trauma center include all of the following except...**
 - A. pelvic fractures.
 - B. paralysis.
 - C. crushed, degloved, or mangled extremity.
 - D. two or more proximal long bone fractures.
 - E. amputation of two or more digits.
- 5. Mechanism-of-injury criteria indicating a high-risk automobile crash in the 2006 Field Triage Decision Scheme include all of the following except...**
 - A. vehicle telemetry data consistent with a high risk of injury.
 - B. death in the same passenger compartment or in the other vehicle.
 - C. extrication time of >20 minutes.
 - D. ejection (partial or complete) from automobile
 - E. intrusion of >12 inches in occupant site or >18 inches any site.
- 6. Mechanism-of-injury criteria for falls in the 2006 Field Triage Decision Scheme include all of the following except...**
 - A. for children, >10 ft.
 - B. for children, two to three times the height of the child.
 - C. for adults, >20 feet.
 - D. for adults, >15 feet.
 - E. A,B, and C.
- 7. Contact medical control and consider transport to a trauma center or a specific resource hospital for all of the following special considerations except...**
 - A. pregnancy of >20 weeks.
 - B. anticoagulation and bleeding disorders.
 - C. immunocompromised patients.
 - D. end-stage renal disease requiring dialysis.
 - E. older adults: risk of injury death increases after age 55 years.
- 8. Which of the following steps attempt to identify the most seriously injured patients, i.e., those who should be transported preferentially to the highest level of care within the trauma system?**
 - A. Physiologic and anatomic.
 - B. Physiologic and mechanism of injury.
 - C. Anatomic and mechanism of injury.
 - D. Anatomic and special considerations.
 - E. Special considerations.
- 9. Patients who meet the Step Three (mechanism of injury) criteria require which of the following actions?**
 - A. Transport to the closest appropriate trauma center which, depending on the trauma system, need not be the highest level trauma center.
 - B. Contact medical control and consider transport to trauma center or a specific resource hospital.
 - C. Transport according to established protocol to the closest emergency department.
 - D. Transport preferentially to the highest level of care within the trauma system.
- 10. Patients who meet the Step Four (special considerations) criteria require which of the following actions?**
 - A. Transport to the closest appropriate trauma center which, depending on the trauma system, need not be the highest level trauma center.
 - B. Contact medical control and consider transport to trauma center or a specific resource hospital.
 - C. Transport according to established protocol to the closest emergency department.
 - D. Transport preferentially to the highest level of care within the trauma system.
- 11. Which best describes your professional activities?**
 - A. Physician.
 - B. Nurse.
 - C. Health educator.
 - D. Office staff.
- 12. I plan to use these recommendations as the basis for ... (Indicate all that apply.)**
 - A. health education materials.
 - B. insurance reimbursement policies.
 - C. local practice guidelines.
 - D. public policy.
 - E. other.
- 13. Overall, the length of the journal report was...**
 - A. much too long. D. a little too short.
 - B. a little too long. E. much too short
 - C. just right.
- 14. After reading this report, I am confident I can describe the physiologic, anatomic, mechanism of injury, and special considerations criteria of the 2006 Field Triage Decision Scheme.**
 - A. Strongly agree.
 - B. Agree.
 - C. Undecided.
 - D. Disagree.
 - E. Strongly disagree.

- 15. After reading this report, I am confident I can describe the specific components and content of each of the four steps of the 2006 Field Triage Decision Scheme.
 - A. Strongly agree.
 - B. Agree.
 - C. Undecided.
 - D. Disagree.
 - E. Strongly disagree.
- 16. After reading this report, I am confident I can describe transportation decisions and destinations when Field Triage Criteria are met.
 - A. Strongly agree.
 - B. Agree.
 - C. Undecided.
 - D. Disagree.
 - E. Strongly disagree.
- 17. The learning outcomes (objectives) were relevant to the goals of this report.
 - A. Strongly agree.
 - B. Agree.
 - C. Undecided.
 - D. Disagree.
 - E. Strongly disagree.
- 18. The instructional strategies used in this report (text, tables, figures, and boxes) helped me learn the material.
 - A. Strongly agree.
 - B. Agree.
 - C. Undecided.
 - D. Disagree.
 - E. Strongly disagree.

- 19. The content was appropriate given the stated objectives of the report.
 - A. Strongly agree.
 - B. Agree.
 - C. Undecided.
 - D. Disagree.
 - E. Strongly disagree.
- 20. The content expert(s) demonstrated expertise in the subject matter.
 - A. Strongly agree.
 - B. Agree.
 - C. Undecided.
 - D. Disagree.
 - E. Strongly disagree.
- 21. Overall, the quality of the journal report was excellent.
 - A. Strongly agree.
 - B. Agree.
 - C. Undecided.
 - D. Disagree.
 - E. Strongly disagree.
- 22. These recommendations will improve the quality of my practice.
 - A. Strongly agree.
 - B. Agree.
 - C. Undecided.
 - D. Disagree.
 - E. Strongly disagree.

(Continued on pg CE-4)

**MMWR Response Form for Continuing Education Credit
January 23, 2009/Vol. 58/No. RR-1
Guidelines for Field Triage of Injured Patients
Recommendations of the National Expert Panel on Field Triage**

To receive continuing education credit, you must

1. provide your contact information (please print or type);
2. indicate your choice of CME, CME for nonphysicians, CEU, CNE, or CHES credit;
3. answer all of the test questions;
4. sign and date this form or a photocopy;
5. submit your answer form by **January 23, 2012.**

Failure to complete these items can result in a delay or rejection of your application for continuing education credit.

Detach or photocopy.

CME Credit
 CME for Nonphysicians Credit
 CEU Credit
 CNE Credit
 CHES Credit

Last Name (print or type) _____ First Name _____
 Street Address or P.O. Box _____
 Apartment or Suite _____
 City _____ State _____ ZIP Code _____
 Phone Number _____ Fax Number _____
 E-Mail Address _____

Fill in the appropriate blocks to indicate your answers. Remember, you must answer all of the questions to receive continuing education credit!

1. [] A [] B [] C [] D [] E	14. [] A [] B [] C [] D [] E
2. [] A [] B [] C [] D [] E	15. [] A [] B [] C [] D [] E
3. [] A [] B [] C [] D [] E	16. [] A [] B [] C [] D [] E
4. [] A [] B [] C [] D [] E	17. [] A [] B [] C [] D [] E
5. [] A [] B [] C [] D [] E	18. [] A [] B [] C [] D [] E
6. [] A [] B [] C [] D [] E	19. [] A [] B [] C [] D [] E
7. [] A [] B [] C [] D [] E	20. [] A [] B [] C [] D [] E
8. [] A [] B [] C [] D [] E	21. [] A [] B [] C [] D [] E
9. [] A [] B [] C [] D [] E	22. [] A [] B [] C [] D [] E
10. [] A [] B [] C [] D [] E	23. [] A [] B [] C [] D [] E
11. [] A [] B [] C [] D [] E	24. [] A [] B [] C [] D [] E
12. [] A [] B [] C [] D [] E	25. [] A [] B [] C [] D [] E
13. [] A [] B [] C [] D [] E	26. [] A [] B [] C [] D [] E [] F

Signature _____ Date / Completed Exam _____

23. The availability of continuing education credit influenced my decision to read this report.

- A. Strongly agree.
- B. Agree.
- C. Undecided.
- D. Disagree.
- E. Strongly disagree.

24. The *MMWR* format was conducive to learning this content.

- A. Strongly agree.
- B. Agree.
- C. Undecided.
- D. Disagree.
- E. Strongly disagree.

25. Do you feel this course was commercially biased? (Indicate yes or no; if yes, please explain in the space provided.)

- A. Yes.
- B. No.

26. How did you learn about the continuing education activity?

- A. Internet.
- B. Advertisement (e.g., fact sheet, *MMWR* cover, newsletter, or journal).
- C. Coworker/supervisor.
- D. Conference presentation.
- E. *MMWR* subscription.
- F. Other.