

2011 Guidelines for Field Triage of Injured Patients

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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

- 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

- **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

- **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.

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