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
   - Respiratory Rate ≤10 or >29 breaths per minute, or need for ventilatory support ≤20 in infants aged <1 year

2. Assess anatomy of injury
   - All penetrating injuries to head, neck, torso, and extremities proximal to elbow or knee
   - Crushed, degloved, mangled, or pulseless extremity
   - Amputation proximal to wrist or ankle
   - Pelvic fractures
   - Open or depressed skull fracture
   - Paralysis

3. 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

4. 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, which, depending upon the defined trauma system, need not be the highest level trauma center.

   - 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.

   - Transport according to protocol

When in doubt, transport to a trauma center.
Find the plan to save lives, at www.cdc.gov/FieldTriage

National Center for Injury Prevention and Control
Division of Injury Response

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