**FIELD TRIAGE DECISION SCHEME**

**Step One**

Measure vital signs and level of consciousness

<table>
<thead>
<tr>
<th>Glasgow Coma Scale</th>
<th>&lt;14 or</th>
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<tr>
<td>Systolic blood pressure</td>
<td>&lt;90 or</td>
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<tr>
<td>Respiratory rate</td>
<td>&lt;10 or &gt;29 (≤20 in infant &lt; one year)</td>
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</tbody>
</table>

**Yes**

Take to a trauma center. Steps 1 and 2 attempt to identify the most seriously injured patients. These patients would be transported preferentially to the highest level of care within the trauma system.

**No**

Assess anatomy of injury

**Step Two**

- All penetrating injuries to head, neck, torso, and extremities proximal to elbow and knee
- Flail chest
- Two or more proximal long-bone fractures
- Crush, degloved or mangled extremity
- Amputation proximal to wrist and ankle
- Pelvic fractures
- Open or depressed skull fracture
- Paralysis

**Yes**

Take to a trauma center. Steps 1 and 2 attempt to identify the most seriously injured patients. These patients would be transported preferentially to the highest level of care within the trauma system.

**No**

Assess mechanism of injury and evidence of high-energy impact

**Step Three**

- Falls
  - Adults: > 20 ft. (one story is equal to 10 ft.)
  - Children: > 10 ft. or 2-3 times the height of the child
- High-risk auto crash
  - Intrusion: > 12 in. occupant site; > 18 in. any site
  - Ejection (partial or complete) from automobile
  - Death in same passenger compartment
  - Vehicle telemetry data consistent with high risk of injury
- Auto v. pedestrian/bicyclist thrown, run over, or with significant (>20 mph) impact
- Motorcycle crash > 20 mph

**Yes**

Transport to closest appropriate trauma center which, depending on the trauma system, need not be the highest level trauma center.

**No**

Assess special patient or system considerations

**Step Four**

- Age
  - Older Adults: Risk of injury death increases after age 55
  - Children: Should be triaged preferentially to pediatric-capable trauma centers
- Anticoagulation and bleeding disorders
- Burns
  - Without other trauma mechanism: Triage to burn facility
  - With trauma mechanism: Triage to trauma center
- Time sensitive extremity injury
- End-stage renal disease requiring dialysis
- Pregnancy > 20 weeks
- EMS provider judgment

**Yes**

Contact medical control and consider transport to trauma center or a specific resource hospital.

**No**

Transport according to protocol

**WHEN IN DOUBT, TRANSPORT TO A TRAUMA CENTER.**