Trauma Triage Flowchart

BLS/ALS Guidelines

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, (<20 infants < 1year)
* Need for ventilator support

## STEP ONE

### PHYSIOLOGICAL

**YES** **NO**

**Transport to trauma center** \*\*

Steps 1 and 2 attempt to identify the most seriously injured patients. These patients should be transported preferentially

to highest level of Trauma Center available within the system.

Assess anatomy of injury

* All penetrating injuries to head, neck, torso and extremities proximal to the elbow or knee
* Chest wall instability or deformity
* Two or more proximal long-bone fractures
* Crushed, de-gloved, or pulseless extremity
* Amputation proximal to wrist or ankle
* Pelvic fractures
* Open or depressed skull fracture
* Paralysis

### STEP TWO

### ANATOMICAL

**YES** **NO**

**Transport to trauma center** \*\*

Steps 1 and 2 attempt to identify the most seriously injured patients. These patients should be transported preferentially

to highest level of Trauma Center available within the system.

Assess Mechanism of Injury



Assess Mechanism of Injury

* 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 > 12 inches occupant site, >18 inches any site, including the roof
  + Ejection (partial or complete) from automobile
  + Death in same passenger compartment
  + Vehicle telemetry data consistent with high risk of injury
* Auto vs. pedestrian/bicyclist thrown, run over, or with significant (>20mph) impact
* Motorcycle crash >20 mph

### STEP THREE

### MECHANISM

**YES** **NO**

**Transport to closest most appropriate Hospital**

which, depending on the trauma system, need not be the highest level trauma center

Assess special patient

or system considerations

* Age
  + Older adults Risk of injury/death increases after age 65 years

Systolic BP < 110 mmHg might represent shock in an older patient

Low impact mechanism such as a ground level fall may result in severe injury

* + Children: Should be triaged preferentially to pediatric capable trauma centers
* Anticoagulation and bleeding disorders

Anticoagulated patients with head injury are a high risk for rapid deterioration

* Burns
  + Without other trauma mechanism triage to burn facility
  + With trauma mechanism triage to trauma center
* Pregnancy >20 weeks

### STEP FOUR

**SPECIAL**

**PATIENT**

**YES NO**

**Contact on-line Medical Control**

Consider transport to a trauma center or a specific resource hospital

Transport according to local Hospital destination protocol

\*\* Contact on-line medical control if incident is within the core response area or, if destination is BGH.