TIME CRITICAL DIAGNOSIS RESOURCE
Missouri Department of Health and Senior Services
P.O. Box 570, Jefferson City, MO 65102-0570 Phone: 573-751-6400 FAX: 573-751-6010
RELAY MISSOURI for Hearing and Speech Impaired 1-800-735-2966 VOICE 1-800-735-2466

SUBJECT: **Trauma Field Triage Protocol**	Chapter: 2. Trauma
	Item: 2.2
REFERENCE: 190.200, 190.243 (RSMo)	Page: Page 1 of 2
	Date Issued: 4/21/10

DISTRIBUTION: All Emergency Medical Services

PURPOSE: To guide the process for sorting trauma patients by severity to determine transport to designated trauma centers where appropriate resources will exist to ensure optimal outcomes.

Step One

Assess life threatening conditions
Serious Airway or Respiratory Compromise or Impending Arrest or immediate life threatening condition that cannot be managed in the field

Yes → Transport to **the closest trauma center or hospital emergency department capable of managing** condition

No

Step Two and Step Three

Step Two: Assess Level of Consciousness and Vital Signs

- GCS< 14 adult and pediatrics

ADULTS	PEDS: AGE	SBP	RR	HR
• Systolic Blood Pressure < 90	0-12 months	< 70	> 60	> 160
• Respiratory Rate <10 or >29	1-5 yrs	< 80	> 44	> 130
• Heart Rate > 120	6-12 yrs	< 90	> 30	> 115
	> or = 13 yrs	< 90	> 22	> 100

And/ Or Clinical Signs of Shock; Peds: reminder uncompensated vs compensated shock

Yes → Transport to level I or II trauma center requiring least amount of transport time, via air and/or ground, according to local and regional plan; if > 30 min transport, consider transport to level III if significantly closer; plan for bi-state regions accounts for out-of-state transport when appropriate. Pediatrics to pediatric capable center

No → **Step Three: Assess Anatomy of Injury**

- All penetrating injuries to head, neck, torso, boxer short and T-shirt coverage areas
- Airway compromise or obstruction, flail chest, hemo- or pneumothorax, patients intubated on scene
- Two or more proximal long-bone fractures, open or closed
- *Extremity trauma with loss of distal pulses*
- Amputation proximal to wrist and ankle (follow replant protocol and local and regional plan)
- Pelvic fractures
- Open or depressed skull fractures
- Paralysis or signs of spinal cord or cranial nerve injury
- Active or uncontrolled hemorrhage
- ISOLATED BURNS 2nd/3rd degree >10% BSA ages <10 and > 50 or >20% BSA any age: follow burn protocol and local and regional plan; ALL BURNS WITH ASSOCIATED TRAUMA: transport by trauma field triage protocol according to injury presentation
- PEDS other: Maxillo-facial or upper airway injury
  Two or more extremity fractures
- Medical Director Discretion

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Step Four

Assess Biomechanics of Injury and Evidence of High-Energy Impact

- Falls
  - ADULTS ≥ 20 ft (one story = 10 ft.)
  - PEDS ≥10 ft.
- High-risk auto crash
  - Intrusion: > 12 in occupant site; > 18 inches in any site
  - Ejection (partial or complete) from automobile or rollover
  - Death in same passenger compartment
  - Vehicle telemetry data consistent with high risk of injury or highway speeds
- High-risk Pedestrian, Cycle, ATV Crash
  - Auto v. Pedestrian/bicyclist thrown, run over, or with significant impact, > or = 20 mph
  - Motorcycle or ATV crash > or =20 mph with separation of rider or rollover
- Crushed, degloved or mangled extremity
- Femur fracture
- All open fractures
- Penetrating injuries distal to T shirt and boxer areas to wrist and to ankle
- Assault with prolonged LOC
- Pregnancy with acute abdominal pain and traumatic mechanism
- PEDS
  - Unrestrained child 8 years of age or younger when
    - > 30 mph crash
    - evidence of significant change in position and location within vehicle
  - Seat Belt Sign

Yes → Transport to Level I, II, or III trauma center requiring least amount of transport time, via air and/or ground, according to local and regional plan; plan for bi-state regions accounts for out-of-state transport when appropriate. Pediatrics to pediatric capable center.

No

Step Five

Assess other risk factors/ special patient or system considerations

Age
- OLDER ADULTS: > age 55
- PEDS: < 15 years with potential for admission, to pediatric capable center

Falls: ADULTS 5-20 Feet
PEDS < 10 feet

Lower-risk Crash
- MVC < 40 MPH or UNK speed
- Auto v. Pedestrian/bicyclist <20 mph impact
- Motorcycle or ATV crash < 20 mph with separation of rider or rollover

Amputation distal to wrist or ankle of two or more digits (follow replant protocol and local regional plan)

Medical Co-Morbidity
- Anticoagulation and bleeding disorder
- End-stage renal disease requiring dialysis
- All pregnant patients involved in traumatic event

Burns
- Isolated 10-20% 2nd or 3rd degree ages >10 and < 50
- PEDS: isolated burns < 10%

follow burn protocol and local regional plan

Penetrating injury distal to wrist or ankle
Assault without Loss of Consciousness
Suspected child or elder abuse
Near drowning/ Near hanging
EMS provider judgment

Yes → C~~ontact medical control; c~~onsider transport to trauma center level I-IV according to local and regional plan or a specific resource hospital; plan for bi-state regions accounts for out-of-state transport when appropriate

No → Transport according to routine protocol