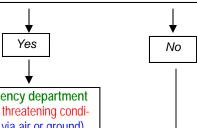
Proposed Draft Missouri Field Triage Protocol

Step One

Assess life threatening conditions

Serious Airway or Respiratory Compromise that cannot be managed or immediate life threatening condition (ie, arrest)



Transport to closest hospital emergency department capable of managing immediate life threatening condition (within 30 minutes transport time via air or ground)

Step Two

Assess Vital Signs and Level of Consciousness **ADULTS**

PEDS

<90 6-12 yrs) or Systolic Blood Pressure < 90 < 70 **0-12 months**, <80 **1-5 yrs**,

Glasglow Coma Scale <14 Same, or

Respiratory Rate <10 or >29 >60 0-12 months, > 44 1-5 years, >30 6-12 years,

>22 13 years or older or

Heart Rate >160 **0-12 months**, >130 1-5 years, >115 **6-12** years, > 120

>100 13 or older

Meets "Severely Injured" Criteria



around) Step Three

Assess Anatomy of Injury

- All penetrating injuries to head, neck, torso, (groin?-boxer short area) and extremities proximal to elbow and knee
- Airway compromise or obstruction, flail chest, hemo- or pneumothorax, patients intubated on scene
- Two or more long-bone fractures
- Crush, degloved, pulseless or mangled extremity
- Amputation proximal to wrist and ankle
- Unstable vs suspected? Pelvic fractures
- Open or depressed skull fractures
- Paralysis or signs of spinal cord or cranial nerve injury
- Active or uncontrolled hemorrhage
- Major burns > 20% BSA or any signs of inhalation injury
- Amputation distal to wrist or ankle of two or more digits
- All open fractures
- **Emergency Medicine Attending discretion**
- PEDS: Maxillo-facial or upper airway injury
- PEDS: Burns of 10% BSA or more, chemical, electrical, circumferential, flame burns of face, or any signs of inhalational injury

Black= Expert panel convened by CDCP & NHTSA; based on decision scheme originally developed by ACS COT; close to verbatim Blue= Washington State pre-hospital triage protocol; close to verbatim/ Blue= Pediatric specific Green= North Central Texas Pre-hospital triage algorithm; close to verbatim

Red= MO; combination of Central (MU), KS, and East Central Region protocols

Proposed Draft Missouri Field Triage Protocol Assess Anatomy of Injury (from page one) Yes No Transport to trauma center, preferentially to highest level (I or II) of care within the trauma system

Step Four

Step Three

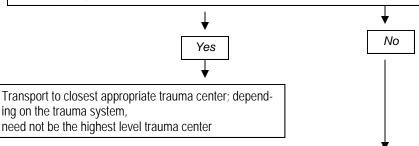
Assess Biomechanics of Injury and Evidence of High-Energy Impact

Falls ADULTS > 20 ft (one story = 10 ft.)PEDS:> 10 ft. or 2-3 times height of the child

(within 30 minutes transport time via air or ground)

- 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
 - PEDS: Unrestrained child 8 years of age or younger

- Auto v. Pedestrian/bicyclist thrown, run over, or with significant impact, > 10 vs 20 mph
- Motorcycle or ATV crash > 20 mph with separation of rider
- Seat Belt Sign
- Assault with other than brief LOC
- Burns with associated trauma
- Pregnancy with acute abdominal pain and traumatic mechanism
- **Emergency Medicine Attending discretion**



Step Five

Assess other risk factors/ special patient or system considerations

- Age Older adults: Risk of injury/death increases >55 yrs. PEDS: Should triage preferentially to pediatric trauma center, < 15 yrs with potential for admission
- Anticoagulation and bleeding disorder
- Burns—without other trauma mechanism: triage to burn facility

PEDS: Burns < 20%

Time sensitive extremity injury

- End-stage renal disease requiring dialysis
- Pregnancy all vs. > 20 weeks
- EMS provider judgment
- MVC < 40 MPH or UNK speed
- Assault without LOC?
- Multiple system trauma transfer involving > or = 2 surgical specialties
- PEDS: 2 or more extremity fractures

Contact medical control; consider transport No Yes Transport according to routine protocol to trauma center or a specific resource hospital

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