Missouri Adult Trauma Field Triage and Transport Protocol

Step One

Step One: Assess life threatening conditions
Unmanageable Airway or Respiratory Compromise or Impending Arrest

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
- Systolic Blood Pressure < 90
- Respiratory Rate <10 or >29

AND/OR Clinical Signs of Shock

Yes → *Transport to level I or II trauma center according to local and regional process. Process shall take into consideration time for transport, patient condition, and treatment window, with the goal to secure the appropriate treatment for the patient as expeditiously as possible via ground and/or air; 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.*

No →

Step Three: Assess Anatomy of Injury

- All penetrating injuries to head, neck, torso, and extremities (boxer short and T-shirt areas) proximal to elbow and knee
- Flail chest, airway compromise or obstruction, hemo- or pneumothorax, or patients intubated on scene
- Two or more proximal long-bone fractures
- *Extremity trauma with loss of distal pulse*
- Amputation proximal to wrist and ankle
- Pelvic fractures
- Open or depressed skull fractures
- Paralysis or signs of spinal cord or cranial nerve injury
- Uncontrolled hemorrhage
- *Severe Burns with associated trauma: triage to trauma center according to field triage protocol*
- *ISOLATED Severe Burns: triage to burn facility*

No →

Step Four

Step Four: Assess Biomechanics of Injury and Evidence of High-Energy Impact

- High-risk auto crash
  - Intrusion: > 12 in occupant site; > 18 inches in any site
  - Ejection (partial or complete) from automobile
  - Rollover
  - Death in same passenger compartment
  - Vehicle telemetry data consistent with high risk of injury
- High-risk Pedestrian, Cycle, ATV Crash
  - Auto v. Pedestrian/bicyclist thrown, run over, or with significant impact, ≥ 20 mph
  - Motorcycle or ATV crash ≥ 20 mph (with separation of rider or rollover)
- Falls: ADULTS ≥ 20 ft (one story = 10 ft.)
- *Crushed, degloved or mangled extremity*
- *All open fractures*
- Femur fracture
- Trauma with prolonged Loss of Consciousness
- Pregnancy with acute abdominal pain and traumatic mechanism

Yes → *Transport to Level I, II, or III trauma center according to local and regional process. Process shall take into consideration time for transport, patient condition, and treatment window, with the goal to secure the appropriate treatment for the patient within the treatment window, via ground and/or air; plan for bi-state regions accounts for out-of-state transport when appropriate.*

No →

Step Five

Step Five: Assess other risk factors/special patient or system considerations

- Age—OLDER ADULTS: > age 55
- Falls: ADULTS 5-20 Feet
- Lower-risk Crash
- Medical Co-Morbidity
  - Anticoagulation and bleeding disorder
  - End-stage renal disease requiring dialysis
  - *All pregnant patients involved in traumatic event*
- *Less Severe Burns*
- *Amputation distal to wrist or ankle of two or more digits*
- Near drowning/ Near hanging
- EMS provider judgment

Yes → *Transport to trauma center level I-IV or a specific resource hospital according to local and regional process. Process shall take into consideration time for transport, patient condition, and treatment window, with the goal to secure the appropriate treatment for the patient within the treatment window; plan for bi-state regions accounts for out-of-state transport when appropriate*

No → Transport according to routine protocol

MO Added; *MO Edited* 5/24/10