

# Proposed Draft Missouri Field Triage Guidelines

## Step One

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

Yes

No

Transport to **closest hospital emergency department capable of managing** above condition

## Step Two

<b>Assess Vital Signs and Level of Consciousness</b>						
<b>ADULTS</b>	<b>PEDS:</b>	<b>AGE</b>	<b>SBP</b>	<b>RR</b>	<b>HR</b>	<b>GCS</b>
• Systolic Blood Pressure < 90	0-12 months	< 70	> 60	> 160	< 14	
• Glasgow Coma Scale <14	1-5 yrs	< 80	> 44	> 130	< 14	
• Respiratory Rate <10 or >29	6-12 yrs	< 90	> 30	> 115	< 14	
• Heart Rate > 120	> 13 yrs	< 90	> 22	> 100	< 14	

Yes

No

Transport to highest level (I, II, or III) trauma center within 30 minutes transport time via air or ground

## Step Three

**Assess Anatomy of Injury**

- All penetrating injuries to head, neck, torso, boxer short and T-shirt coverage areas, and extremities proximal to elbow and knee
- Airway compromise or obstruction, flail chest, hemo- or pneumothorax, patients intubated on scene
- Two or more proximal long-bone fractures, open or closed
- *Crush, degloved, pulseless, or mangled extremity (leave all here?)*
- Amputation proximal to wrist and ankle
- Pelvic fractures (*need to further specify?*)
- Open or depressed skull fractures
- Paralysis or signs of spinal cord or cranial nerve injury
- Active or uncontrolled hemorrhage
- **BURNS:** *ADULTS: Major burns >20% BSA or any signs of inhalation injury*  
*PEDS: BURNS > 10% BSA or any signs of inhalation injury*
- *PEDS other:*  
 Maxillo-facial or upper airway injury
- Medical Director Discretion

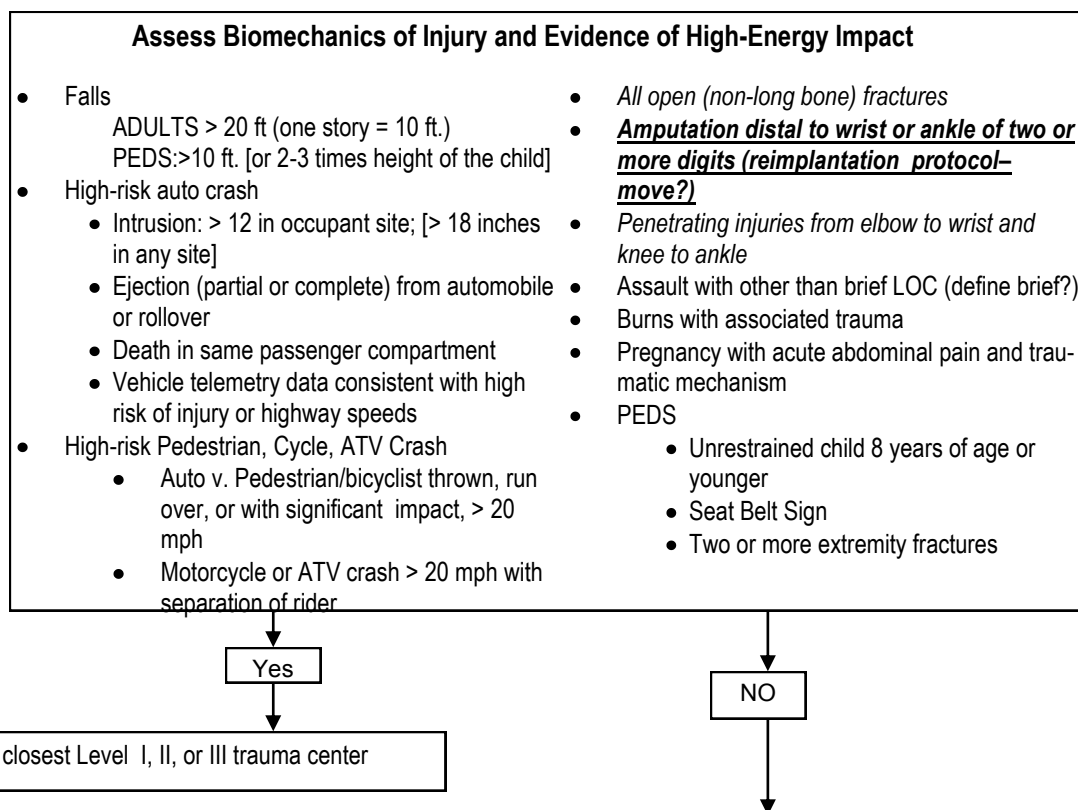
Yes

No

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## Step Four



## Step Five

