Proposed Draft Field Triage Protocol
Missouri Department of Health and Senior Services, Working Document
Trauma Task Force 12/19/08

Step One

Major trauma

Meets Major Trauma/Class I ("Severely Injured") Criteria

→ NO → Transport to appropriate facility/trauma center

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YES

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Take to trauma center, preferentially to highest level in system

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YES

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Assess Vital Signs and Level of Consciousness

- Systolic BP < 90 or
- GCS < 11 vs 13 or 14 or
- Respiratory Rate < 10 or >29 (< 20 in infant < one year)
- HR > 120

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NO

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

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YES

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Transport to closest facility capable of managing airway/respiratory compromise, immediate compromising condition

(within 30 minutes transport time via air or ground)

Step Two: Assess Anatomy of Injury

- All penetrating injuries to head, neck, torso, groin and extremities proximal to elbow and knee (Penetrating injury distal to elbow or knee)
- Flail chest (Airway compromise or obstruction, hemo- or pneumothorax, patients intubated on scene)
- Two or more long-bone fractures
- Crush, degloved or mangled extremity
- Amputation proximal to wrist and ankle (vs elbow and knee)
- Pelvic fractures
- Open or depressed skull fractures
- Paralysis or signs of spinal cord injury/focal neurologic deficit
- Active or uncontrolled hemorrhage
- Extremity trauma with loss of distal pulses
- Major burns > 20% BSA or any signs of inhalation injury
- Penetrating traumatic cardiopulmonary arrest with < or = 15 minutes pre-hospital CPR
- Any trauma patient receiving blood or blood products to maintain adequate perfusion
- Pelvic fractures
- All open fractures
- > or = two extremity fractures
- All degloving/Crush injuries

Color Scheme

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
Green= North Central Texas Pre-hospital triage algorithm; close to verbatim
Red= MO; combination of Central (MU), KS, and East Central Region protocols

- Penetrating injuries to extremities proximal to elbow or knee vs penetrating trauma distal extremity (distal to elbow to knee)
- Penetrating trauma to head or proximal extremity (proximal elbow or knee, that do not meet Class I criteria)
- Amputation distal to elbow or knee with controlled hemorrhage
- Amputation distal to wrist or ankle of two or more digits
- Emergency medicine attending/paramedic discretion

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YES→ Take to trauma center, preferentially to highest level of care within the trauma system (within 30 minutes transport time via air or ground)

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NO→ Assess mechanism of injury and evidence of high-energy impact

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Step Three: Assess Biomechanics of Injury

- Falls
  - Adults: > 20 ft (one story = 10 ft.)
  - Children: > 10 ft. or 2-3 times height of the child
- High-risk auto crash
  - Intrusion: > 12 in occupant site; > 18 inches in any site
  - Ejection (partial or complete) from automobile
  - Death in same passenger compartment
  - Vehicle telemetry data consistent with high risk of injury
- Auto v. Pedestrian/bicyclist thrown, run over, or with significant (> 20 mph) impact
- Motorcycle crash > 20 mph
- Auto crash
  - Initial speed > 40 mph
  - Major auto deformity > 20 inches
  - Extrication time > 20 minutes
  - Ejection from automobile or auto rollover
  - Motorcycle crash or ATV crash speed >20 mph with separation of rider
- Auto-pedestrian/auto-bicycle injury with > 5 mph impact
- Falls >12 feet vs 20 feet
- Assault with LOC
- GCS 12-14 with mechanism of injury
- Blast injury
- Burns with associated trauma
- Blunt traumatic cardiopulmonary arrest
- Emergency Medicine Attending discretion

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NO **YES→** Transport to closest appropriate trauma center; depending on the trauma system, need not be the highest level trauma center

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

- Age
  - Older adults: Risk of injury/death increases > age 55
  - Children: Should triage preferentially to pediatric trauma center
- Anticoagulation and bleeding disorder
- Burns
  - Without other trauma mechanism: Triage to burn facility
  - With trauma mechanism: Triage to trauma center
- Time sensitive extremity injury
- End-stage renal disease requiring dialysis
- Pregnancy > 20 weeks
- EMS provider judgment
- MVC < 40 MPH or UNK speed
- Assault without LOC
- Any trauma patient evaluated by the Emergency Medicine Attending requiring admission for observation/treatment for one or more injuries (does not include isolated, single-system injuries who can appropriately be cared for on other surgical specialty services)
- Burns < 20%
- Auto-pedestrian and auto-bicycle <5 mph impact
- MCC/ATV crash <20 mph
- All falls of = or < 5 feet or 5 steps
- Pregnant patients involved in traumatic event
- Pregnancy with acute abdominal pain vs pregnant trauma patient > or = 24 weeks
- Age >55 with significant mechanism of injury
- Intubated patients transferred from another facility who are stable from a respiratory standpoint
- Multiple system trauma transfer involving > or = 2 surgical specialties

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NO **YES→** Contact medical control; consider transport to trauma center or a specific resource hospital

↓ →Transport according to protocol

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