

Trauma Triage Decision Scheme

STEP ONE

Measure vital signs and level of consciousness

Glasgow Coma Scale	<14 or
Systolic blood pressure, mm Hg	<90 or
Respiratory rate, /min	<10 or >29 (<20 in infant less than 1 year)

Yes

No

Take to a trauma center. Steps 1 and 2 triage attempts to identify the most seriously injured patients in the field. These patients would be transported preferentially to the highest level of care within the trauma system.

Assess anatomy of injury

STEP TWO

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| <ul style="list-style-type: none"> • All penetrating injuries to head, neck, torso, and extremities proximal to elbow and knee • Flail chest • Two or more proximal long-bone fractures • Crushed, degloved, or mangled extremity | <ul style="list-style-type: none"> • Amputation proximal to wrist and ankle • Pelvic fractures • Open or depressed skull fracture • Paralysis |
|---|---|

Yes

No

Take to a trauma center. Steps 1 and 2 triage attempts to identify the most seriously injured patients in the field. These patients would be transported preferentially to the highest level of care within the trauma system.

Assess mechanism of injury and evidence of high-energy impact

STEP THREE

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| <ul style="list-style-type: none"> • Falls <ul style="list-style-type: none"> • Adults: >20 ft (1 story = 10 ft) • Children: >10 ft or 2 to 3 times the height of the child • High-risk auto crash <ul style="list-style-type: none"> • Intrusion: >12 in, occupant site; >18 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 |
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Yes

No

Transport to closest appropriate trauma center which, depending on the trauma system, need not be the highest level trauma center.

Assess special patient or system considerations

STEP FOUR

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| <ul style="list-style-type: none"> • Age <ul style="list-style-type: none"> • Older Adults: Risk of injury/death increases after age 55 • Children: Should be triaged preferentially to pediatric-capable trauma centers • Anticoagulation and bleeding disorders • Burns <ul style="list-style-type: none"> • 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 |
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Yes

No

Contact medical control and consider transport to trauma center or a specific resource hospital.

Transport according to protocol