

8.18 Trauma Triage and Transport Decision

Measure Vital Signs and Level of Consciousness

Glasgow Coma Scale	≤13
Systolic Blood Pressure	<90 mmHg or signs of shock
Respiratory Rate	<10 or >29 breaths per minute or need for ventilatory support (<20 in infants aged <1 year)

—YES→

- If feasible, transport directly to a Level I or II Trauma Center by ground or air.
- If above is not feasible and air transport is unavailable, transport to nearest Trauma Center (preferred) or acute care hospital with emergency department and consider requesting ALS intercept.
- For a child <15 years of age, direct transport to a Level 1 or 2 Pediatric Trauma Center is desired.
- Contact destination hospital and activate the trauma system in accordance with local guidelines.

NO
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Assess Anatomy of Injury

- All penetrating injuries to head, neck, torso, and extremities proximal to elbow or knee
- Chest wall instability or deformity (e.g., flail chest)
- Two or more proximal long-bone fractures
- Crushed, degloved, mangled, or pulseless extremity
- Amputation proximal to wrist or ankle
- Pelvic fractures
- Open or depressed skull fracture
- Paralysis

—YES→

NO
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Assess Mechanism of Injury and Evidence of High-Energy impact

- Falls
 - Adult: >20 feet (1 story is equal to 10 feet)
 - Pediatric: >10 feet or 2 to 3 times the height of the child.
- High-risk auto crash
 - Intrusion, including roof: >12 inches occupant site; >18 inches any site
 - Ejection (partial or complete) from automobile
 - Death in same passenger compartment
- Auto vs. pedestrian/bicyclist: thrown, run over, or with significant (>20 mph) impact
- Motorcycle crash >20 mph

—YES→

- Transport to the closest Trauma Center (preferred) or acute care hospital.
- Contact destination hospital and activate the trauma system in accordance with local guidelines.

NO
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Assess Special Patient or System Considerations

- Older Adults
 - Risk of injury/death increases after age 55 years
 - SBP <110 mmHg may represent shock after age 65
 - Low impact mechanisms (e.g., ground level falls) may result in severe injury
- Pediatric
 - Should be triaged preferentially to pediatric capable trauma centers
- Anticoagulants and bleeding disorders
 - Patients with head injury are at high risk for rapid deterioration
- Burns (See [Burn Protocol](#))
 - Without other trauma mechanism: triage to burn facility
 - With trauma mechanism: triage to trauma center
- Pregnancy >20 weeks (See [Obstetric Protocol](#))
- EMS Provider judgment

—YES→

- Consider transport to nearest Trauma Center

NO
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Transport to closest appropriate acute care hospital



Divert to the nearest acute care hospital if a patient with major trauma is in cardiac arrest, peri-arrest or immediately needs a life-saving intervention that cannot be delivered by available prehospital resources.

For more information on Trauma Center assignments and hospital services click on this [LINK](#)

Reference: CDC 2011 Guidelines for Field Triage of Injured Patients and NH Trauma Plan