8.18 Trauma Triage and Transport Decision

**Measure Vital Signs and Level of Consciousness**

<table>
<thead>
<tr>
<th>Measure</th>
<th>Value</th>
<th>Decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Glasgow Coma Scale</td>
<td>≤13</td>
<td>YES</td>
</tr>
<tr>
<td>Systolic Blood Pressure</td>
<td>&lt;90 mmHg or signs of shock</td>
<td></td>
</tr>
<tr>
<td>Respiratory Rate</td>
<td>&lt;10 or &gt;29 breaths per minute or need for ventilatory support (&lt;20 in infants aged &lt;1 year)</td>
<td>NO</td>
</tr>
</tbody>
</table>

**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

**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

**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

**Transport to closest appropriate acute care hospital**

- 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.

**Consider transport to nearest Trauma Center**

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](http://www.cdc.gov).