FIELD TRIAGE DECISION SCHEME: THE NATIONAL TRAUMA TRIAGE PROTOCOL

Step One

Measure vital signs and level of consciousness

Glasgow Coma Scale <14 or
Systolic blood pressure <90 mmHg or
Respiratory rate <10 or >29 breaths/minute (<20 in infant < one year)

Yes
No

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

Step Two

Assess anatomy of injury

- All penetrating injuries to head, neck, torso, and extremities proximal to elbow and knee
- Flail chest
- Two or more proximal long-bone fractures
- Crush, degloved or mangled extremity
- 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 attempt to identify the most seriously injured patients. These patients would be transported preferentially to the highest level of care within the trauma system.

Step Three

Assess mechanism of injury and evidence of high-energy impact

- Falls
  - Adults: > 20 ft. (one story is equal to 10 ft.)
  - Children: > 10 ft. or 2-3 times the height of the child
- High-Risk Auto Crash
  - 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

Yes
No

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

Step Four

Assess special patient or system considerations

- Age
  - 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
  - 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

Yes
No

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

Transport according to

When in doubt, transport to a trauma center.
For more information on the Decision Scheme, visit: [www.cdc.gov/FieldTriage](http://www.cdc.gov/FieldTriage)