

State of Wisconsin Trauma Field Triage Guidelines

1

Is the patient ventilating or can the patient be ventilated?

NO

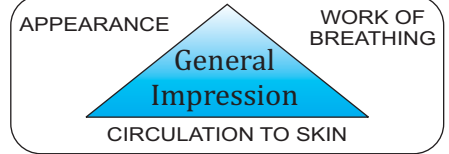
Transport to the closest appropriate hospital or ALS/Air Medical Intercept for RSI/Definitive airway management.

2

YES

Measure Vital Signs and Level of Consciousness
 Glasgow Coma Scale ≤ 13 or
 Systolic Blood Pressure < 90 mmHg or
 Respiratory Rate < 10 or > 29 (< 20 infant < 1 year)
 or need for ventilatory support
 PEDS: 1 or more abnormalities in Pediatric Assessment Triangle

PEDIATRIC ASSESSMENT TRIANGLE



YES

Transport to a trauma center. Steps 2-3 attempt to identify the most seriously injured patients. These patients should be transported preferentially to the highest level of trauma care within the defined trauma region.
 PEDS: Consider transport to a pediatric trauma center within region.

NO

Assess anatomy of injury

3

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 suspected fractures involving the femur or humerus
 Crushed, degloved, mangled, or pulse-less extremity
 Complete or partial amputation proximal to wrist or ankle
 Pelvic fracture/unstable pelvis
 Open or depressed skull fractures
 New onset paralysis (paraplegia/quadriplegia)

YES

Transport to a trauma center. Steps 2-3 attempt to identify the most seriously injured patients. These patients should be transported preferentially to the highest level of trauma care within the defined trauma region.
 PEDS: Consider transport to a pediatric trauma center within region.

NO

Assess mechanism of injury and evidence of high-energy impact

4

FALLS
 Adults > 20 feet (one story is equal to 10ft)
 Children > 10 feet or 2-3 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
 Vehicle telemetry data consistent with high risk of injury
 Auto vs pedestrian/bicyclist thrown, run over, or with significant (> 20 mph) impact
 Motorcycle crash > 20 mph

YES

Transport to a trauma center, which depending upon the defined trauma region, need not be the highest level trauma center.

NO

Assess special patient or system considerations

5

AGE
 Older adults: Risk of injury/death increases after age 55 years
 SBP < 110 may represent shock after age 65 years
 Low impact mechanisms (e.g. ground level falls) may result in severe injury
 Children: Consider transport to a pediatric trauma center within the region
 BURNS
 Without other trauma mechanism: triage to burn facility
 With trauma mechanism: triage to trauma center
 Anticoagulants and bleeding disorders: patients with head injury are at high risk for rapid deterioration
 Pregnancy > 20 weeks
 EMS Provider Judgment

YES

Transport to a trauma center or hospital capable of timely and thorough evaluation and initial management of potentially serious injuries.
 Consider consultation with medical control.

NO

Transport according to protocol

When in doubt, transport to the closest Level I or II Trauma Center