

State of Wisconsin Trauma Field Triage Guidelines

Is the patient ventilating or can the patient be ventilated?

1

YES

Measure Vital Signs and Level of Consciousness

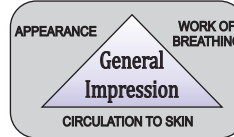
NO

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

2

Glasgow Coma Scale ≤ 13 or
Systolic Blood Pressure < 90 mmHg or
Respiratory Rate < 10 or > 29 (< 1 year)
or need for ventilatory support

PEDIATRIC ASSESSMENT TRIANGLE



PEDS: 1 or more abnormalities in 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 pulseless 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
HIGH-RISK AUTO CRASH
Auto vs pedestrian/bicyclist thrown, run over, or with significant (> 20 mph) impact
Motorcycle crash > 20 mph
Adults > 20 feet (one story is equal to 10ft)
Children > 10 feet or 2-3 times the height of the child
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

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
Consider transport to a pediatric trauma center within the region
CHILDREN Without other trauma mechanism: triage to burn facility
With trauma mechanism: triage to trauma center
BURNS
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