

# 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

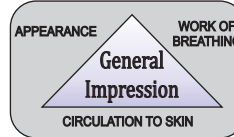
NO

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

2

Glasgow Coma Scale  $\leq 13$  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  
Children: Without other trauma mechanism: triage to burn facility  
Consider transport to a pediatric trauma center within the region  
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