

The Fox Valley RTAC Trauma Field Triage Protocol

1

Assess Airway: Patient has a protected airway or able to insert a functioning advanced airway

YES

Transport to the closest appropriate Hospital or ALS/Air Medical Intercept for RSI/Definitive Airway Treatment

NO

2

Measure Vital Signs and Assess Level of Consciousness

Glasgow Coma Scale <14 or Heart Rate >130 bpm
 Systolic Blood Pressure <90 or
 Respiratory Rate <10 or >29 (<20 in infant <1 year)
 PEDS: 1 or more abnormality in Pediatric Assessment Triangle

YES

Expedite transport to the highest level of trauma care within 30 minutes, preferentially a Level I or II Trauma Center.

Steps 1--3 attempt to identify the most seriously injured patients.
 PEDS: Consider transport to a pediatric trauma center within region.

PEDIATRIC TRIANGLE

GENERAL IMPRESSION



NO

Assess anatomy of injury

3

All penetrating injuries to head, neck, torso, and extremities proximal to elbow and knee
 Flail chest
 Two or more suspected fractures involving the femur or humerus
 Crushed, degloved, or mangled extremity
 Complete or partial amputation proximal to wrist and ankle
 Pelvic fractures/unstable pelvis
 Open or depressed skull fracture
 New onset paralysis (paraplegia/quadruplegia)

YES

Expedite transport to the highest level of trauma care within 30 minutes, preferentially a Level I or II Trauma Center.

Steps 1--3 attempt to identify the most seriously injured patients.
 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 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

Transport to closest appropriate trauma care facility, which depending on the 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
 Children: Consider transport to a pediatric trauma center within region

BURNS Without other trauma mechanism: Triage to burn facility
 With trauma mechanisms: Triage to trauma center

Anticoagulation and Bleeding Disorders
 Time Sensitive Extremity Injury
 End-Stage Renal Disease Requiring Dialysis
 Pregnancy >20 Weeks
 EMS Provider Judgment

YES

Contact medical control and consider transport to a trauma care facility or a specific resource hospital.

NO

Transport according to protocol

When in Doubt, Transport to a Level I or II Trauma Center