State of Wisconsin Trauma Field Triage Guidelines

Is the patient ventilating or can the patient be ventilated?

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.

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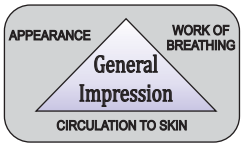
PEDIATRIC ASSESSMENT TRIANGLE

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



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

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- 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

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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

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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

Approved by State Trauma Advisory Council & EMS Advisory Board – October 2012