Trauma Triage

REFERENCE

LEVEL 1 TRAUMA CENTER — VITALS & ANATOMY

- GCS <14, systolic <90, or RR <10 or >29 (<20 in infants)
- Penetrating injury to head, neck, torso, or extremities proximal to elbow/knee
- Flail chest; two or more proximal long-bone fractures
- Crushed, degloved, or mangled extremity; amputation proximal to wrist/ankle
- Pelvic fractures; open or depressed skull fractures; paralysis

CLOSEST APPROPRIATE CENTER — MECHANISM

- Falls: adults >20 ft, children >10 ft
- High-risk auto crash: intrusion >12 in occupant side, >18 in any side
- Ejection (partial or complete); death in same compartment
- Auto vs pedestrian/bicyclist: thrown, run over, or significant impact (>20 mph)
- Motorcycle crash >20 mph; vehicle telemetry consistent with high-risk injury

SPECIALTY CENTER CONSIDERATIONS

- Age: risk of death and injury increases after 55
- Children: triage to pediatric trauma centers whenever possible
- Burns without other injury go to a burn center; with injury, to a trauma center
- Anticoagulation and bleeding disorders; end-stage renal disease on dialysis
- Time-sensitive extremity injury; pregnancy >20 weeks

THE GOLDEN HOUR

- Clock runs from discovery of incident and activation of EMS
- Initial assessment, intervention, packaging, then transport and stabilization
- Within 10 minutes of a trauma center, consider rapid transport over scene interventions
- If nearest facility serves the patient best, load and treat in transit

Take Home Message:

Match the patient to the right center fast — vitals, anatomy, and mechanism drive the destination, not distance alone.