

The State of Wisconsin Trauma Field Triage Protocol

1

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

YES

NO

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

2

Measure Vital Signs and Assess Level of Consciousness

Glasgow Coma Scale <14 or
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

APPEARANCE  WORK OF BREATHING
CIRCULATION TO SKIN

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/quadriplegia)

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