

Utah Field Triage Decision Scheme

Measure vital signs and level of consciousness

Step One

Glasgow Coma Score <14
Systolic blood pressure, mm Hg <90 or signs and symptoms of shock in pediatric patients; or
Respiratory rate, /min <10 or >29 (<20 in infant less than 1 yr)

Yes

No

Transport to Level I or II Trauma Center. If < 15 years, transport to pediatric-designated Level I Trauma Center. Steps 1 and 2 attempt to identify the most seriously injured patients in the field. These patients should be transported to the highest level of care readily available. If that level of care is a trauma center, transport immediately. If a trauma center is not readily available, transport to the closest facility for resuscitation, stabilization and transfer to an appropriate trauma center.

Assess Anatomy of Injury

Step Two

- All penetrating injuries to head, neck, torso, and extremities proximal to elbow and knee
- Flail chest
- Two or more proximal long-bone fractures
- Crush, de-gloved, or mangled extremity
- Amputation proximal to wrist and ankle
- Pelvis fractures
- Open or depressed skull fracture
- Paralysis

Yes

No

Transport to Level I or II Trauma Center. If < 15 years, transport to pediatric-designated Level I Trauma Center. Steps 1 and 2 attempt to identify the most seriously injured patients in the field. These patients should be transported to the highest level of care readily available. If that level of care is a trauma center, transport immediately. If a trauma center is not readily available, transport to the closest facility for resuscitation, stabilization and transfer to an appropriate trauma center.

Assess Mechanism of Injury

Step Three

- Falls Mechanism
 - Adults >20 ft (1 story= 10 ft) or falls down stairs
 - Children >10 ft or 2-3 times the height of the child
- High Risk Auto Crash
 - Significant 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 significant injury
- Auto vs. pedestrian/bicyclist thrown, run over, or with significant (>20 mph) impact
- Motorcycle crash >20 mph
- EMS Provider Judgment

Yes

No

Transport to closest appropriate trauma center. If a trauma center is not readily available, transport to the closest facility for resuscitation, stabilization and transfer to an appropriate trauma center.

Assess special patient or system

Step Four

- Age
 - Older adults: Risk of injury/death increases after age 55
 - Children <15 yrs: Should be triaged preferentially to pediatric designated trauma centers
- Anticoagulant and bleeding disorders
- Burns >10% second or third degree
- Time-sensitive extremity injury
- End-stage renal disease requiring dialysis
- Pregnancy >20 weeks
- EMS provider judgment

Yes

No

Contact Medical Control and consider transport to trauma center or a specific resource hospital.

Transport according to agency protocol