Field Triage Decision Scheme: The Arkansas Trauma Triage Protocol

Measure vital signs and level of consciousness

- Glasgow Coma Scale \( \leq 13 \)
- Systolic Blood Pressure \(< 90\ \text{mmHg or age appropriate hypotension}\)
- Respiratory Rate \(< 10 > 29\ \text{breaths/minute}\)
  - \(< 20\ \text{in infant < one year}\)
  - or need for ventilatory support

Assess anatomy of injury

- 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 proximal long-bone fractures
- Crushed, degloved, mangled, or pulseless extremity
- Amputation proximal to wrist and ankle
- Pelvic fractures
- Open or depressed skull fracture
- Paralysis

Assess mechanism of injury and evidence of high-energy impact

Falls
- Adults: \( > 20\ \text{feet (one story is equal to 10 feet)}\)
- Children: \( > 10\ \text{feet or two or three times the height of the child}\)

High-Risk Auto Crash
- Intrusion: \( > 12\ \text{in. occupant site; > 18 in. any site}\)
- Ejection (partial or complete) from automobile
- Death in same passenger compartment
- Vehicle telemetry data/kinematics consistent with high risk of injury
  - Auto v. Pedestrian/Bicyclist Thrown, Run Over, or with Significant (>20mph) Impact
  - Motorcycle/ATV Crash \( > 20\ \text{mph with separation from vehicle}\)

Assess special patient or system considerations

Older Adults
- Risk of injury/death increases after age 55 years
- SBP \(< 110\ \text{might represent shock after age 65 years}\)
- Low impact mechanisms (e.g. ground level falls) might result in severe injury

Children
- Should be triaged preferentially to pediatric-capable trauma centers

Anticoagulation Medication and Bleeding Disorders
- Patients with head injury are at high risk for rapid deterioration

Burns
- Without other trauma mechanism: Triage to burn facility
- With trauma mechanism: Triage to trauma center

Pregnancy \( > 20\ \text{weeks}\)
- EMS provider judgment

Consider consultation with ATCC and transport to the most appropriate hospital.

Transport according to local protocol

When in doubt, contact the ATCC