Question

Which triage system includes the life saving interventions of hemorrhage control, airway opening, chest decompression, and auto injector antidotes?
A. START  
B. MASS  
C. SALT  
D. CDC Trauma Triage

Learning Objectives

Upon the completion of this program participants will be able to:
• Differentiate prehospital trauma triage from other out-of-hospital triage schemes (e.g., disaster, military, CBRNE).
• Detail the current CDC Prehospital Trauma Triage scheme.
• Understand that regional variations in prehospital trauma triage are common.
Field Trauma Triage

• Triage:
  – Derived from the French verb *trier* which means “to sort out”.
  – The process of determining the priority of patients' treatments based on the severity of their condition.

Field Trauma Triage

• Numerous triage schemes exist
  – START
  – MASS
  – SALT
• Most are for:
  – Multiple casualty incidents (MCIs)
  – Disasters
  – Military

Field Trauma Triage

• Prehospital trauma triage is the process by which field personnel determine the priority and destination of trauma patients during routine emergency care.
MASS triage

- Move
- Assess
- Sort
- Send
Field Trauma Triage

• Current prehospital trauma triage standardized
  — January 13, 2012

Field Trauma Triage

• Four step process:
  — Step 1: Physiologic Criteria
  — Step 2: Anatomic Criteria
  — Step 3: Mechanism of Injury Criteria
  — Step 4: Special Considerations

Field Trauma Triage

• Step 1: Physiologic Criteria.
  — Measure vital signs and level of consciousness.
    • GCS ≤ 13
    • Systolic BP < 90 mmHg
    • Respiratory rate < 10 or > 29 breaths per minute (< 20 in infants aged < 1 year) or need for ventilatory support.
Field Trauma Triage

• Step 2: Anatomic Criteria:
  – 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).
    • Amputation proximal to wrist or ankle.
    • Two or more proximal long-bone fractures (i.e., femur and humerus).
    • Pelvic fractures.
    • Open or depressed skull fracture.
    • Paralysis.

Field Trauma Triage

• Step 3: Mechanism of Injury Criteria
  – Assess mechanism of injury and evidence of high-energy impact.
    • Adult: falls >20 feet.
    • Children: falls >10 feet.
    • 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 a high risk of injury
    • Auto vs. pedestrian/bicyclist thrown, run over, or with significant (>20mph) impact.
    • Motorcycle crash >20 mph.

Field Trauma Triage

• Step 4: Special Considerations
  – Assess special patients of special considerations.
    • Age >55 years.
    • Systolic blood pressure <110 in persons aged >65 years.
    • Falls in older adults (e.g., ground-level falls).
    • Pediatric trauma transport.
    • Anticoagulant use and bleeding disorders.
    • Burns.
    • Pregnancy >20 weeks.
    • Emergency medical services provider judgment.
Field Trauma Triage

• Where do they go?
  – Step 1 patients: Transport to highest level of care within a defined trauma system.
  – Step 2 patients: Transport to highest level of care within a defined trauma system.
  – Step 3 patients: Transport to a trauma center (need not be the highest level of care).
  – Step 4 patients: Transport to a trauma center or hospital capable of timely and thorough management of potentially severe injuries.

Field Trauma Triage

• Regional/state variation in trauma triage is common.

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Take-Home Points

- Trauma triage is different from other triage schemes.
- Presently, the CDC/ACS-COT is the primary framework for most trauma triage protocols.
- State variations may exist.
- Be familiar with the prehospital trauma triage scheme used in your system.