# CBRAC Guideline for Field Triage of Injured Patients

**Approved by General Membership January 2021**

Measure vital signs and level of consciousness

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| Glasgow Coma Scale | <or=13 |
| Systolic Blood pressure (mmHg) | <90mmHg |
| Respiratory Rate | <10 or >30 |

Assess anatomy of injury

- All penetrating injuries to head, neck, torso & extremities proximal to elbow or knee
- Chest wall instability or deformity (e.g., flail chest)
- Two or more proximal long-bone fractures
- Crushed, de-gloved, mangled, or pulseless extremity
- Amputation proximal to wrist or ankle
- Pelvic fractures
- Open or depressed skull fractures
- Paralysis
- OB Trauma

Yes → 1 Red (Priority 1) Criteria Met = Transport to Level II Trauma Center the highest level of care within the TSA-U Region → "Fly or Drive" If drive is > 30 min consider Air Transport

No → Assess mechanism of injury and evidence of high energy impact and any special patient or trauma system considerations

- Falls
  - Adults: > 20 feet (one story = 10')
  - Children: >10 feet or twice the height of the child
- High Risk auto crash
  - Intrusion, including roof: >12 inches occupant site: >18 inches any site
  - Ejection (partial or complete)
  - Death in same passenger compartment
  - Vehicle telemetry consistent with a high risk of injury
- Motorized vehicle vs. pedestrian/bicycle thrown, run over, or with significant (>20mph) impact
- Motorcycle crash > 20 mph
- Older Adults
  - Risk of injury/death increases after age 55 years
  - SBP<110 might represent shock after age 65 years
  - Low impact mechanisms (e.g., ground level falls) might result in severe injury
- Pediatrics: (15 and younger)
  - Should be triaged to Driscoll Children's Level III
- Burns
  - Without other trauma mechanism: triage to appropriate burn center
  - With trauma mechanism: triage to age-appropriate facility for stabilization treatment
- Pregnancy > 20 weeks*
- Pre-hospital providers' judgement or discretion

Yes → Any 2 Blue Criteria Met = Priority 1 Transport to Level II Trauma → "Fly or Drive" If drive is > 30 min consider Air Transport

Any 2 Blue Criteria Met → No → Transport to a trauma center capable of timely and thorough evaluation, initial management, and stabilization of potentially serious injury

When in doubt transport to a trauma center. → Transport to a trauma center capable of timely and thorough evaluation, initial management, and stabilization of potentially serious injury

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|---|---|
| CHRISTUS Spohn Shoreline* | Level II |
| CCMC Bay Area* | Level II |
| Driscoll Children's Hospital | Level III |
| CCMC Doctors Regional | Level IV |
| CHRISTUS Spohn Alice* | Level IV |
| CHRISTUS Spohn Beeville* | Level IV |
| CHRISTUS Spohn Kleberg* | Level IV |
| CHRISTUS Spohn South* | Level IV |
| Refugio Memorial | Level IV |
| ER 24/7 Northwest | Level IV |

*Denotes facilities with O.B. capability

BURNS:

Consideration should be given for direct transport to an accredited burn center (if Air Transport is available) for patient with burns of 2nd or 3rd degree exceeding 15% of BSA, or burns involving face, hands, feet, genitalia and/or perineum.

If Air Transport is unavailable, transport to the age-appropriate facility for stabilizing treatment and transfer to a Burn Center.

Pediatric Considerations: Transport age 15 and younger (excluding major penetrating) to Driscoll Children's Hospital.