**Virginia Guideline for the Field Triage of Injured Patients**

***RED CRITERIA***

***High Risk for Serious Injury***

* Penetrating injuries to head, neck, torso, and proximal extremities
* Skull deformity, suspected skull fracture
* Suspected spinal injury with new motor or sensory loss
* Chest wall instability, deformity, or suspected flail chest
* Suspected pelvic fracture
* Suspected fracture of two or more proximal long bones
* Crushed, degloved, mangled, or pulseless extremity
* Amputation proximal to wrist or ankle
* Active bleeding requiring a tourniquet or wound packing with continuous pressure

 **Injury Patterns**

**All Patients**

* Unable to follow commands (motor GCS < 6)
* RR < 10 or > 29 breaths/min
* Respiratory distress or need for respiratory support
* Room-air pulse oximetry < 90%

**Age 0–9 years**

* SBP < 70mm Hg + (2 x age in years) OR tachycardia with signs of poor perfusion

**Age 10–64 years**

* SBP < 90 mmHg or
* HR > SBP

**Age  65 years**

* SBP < 110 mmHg or
* HR > SBP

**Mental Status & Vital Signs**

\*Patients meeting any one of the above RED criteria should be transported to a Level I or Level II trauma center available within the geographic constraints of the regional trauma system. Patients that meet ABA Burn Criteria should be transported to a designated Burn Center.

\*Pediatric patients that meet RED Criteria should be transported to a Pediatric Trauma Center available within the geographic constraints of the regional trauma system. If Pediatric Trauma center is not within geographical constraints, transport to the highest-level trauma center, preferably a level 1 or 2

**YELLOW CRITERIA**

***Moderate Risk for Serious Injury***

Consider risk factors, including:

* Low-level falls in young children (age  5 years) or older adults (age  65 years) with significant head impact
* Anticoagulant use
* Suspicion of child abuse
* Special, high-resource healthcare needs
* Pregnancy > 20 weeks
* Burns in conjunction with trauma
* Children should be triaged preferentially to pediatric capable centers

\*If concerned, take to a trauma center

 **EMS Judgment**

* High-Risk Auto Crash
	+ Partial or complete ejection
	+ Significant intrusion (including roof)
		- >12 inches occupant site OR
		- >18 inches any site OR
		- Need for extrication for entrapped patient
	+ Death in passenger compartment
	+ Child (age 0–9 years) unrestrained or in unsecured child safety seat
* Rider separated from transport vehicle with significant impact (eg., motorcycle, ATV, horse, etc.)
* Pedestrian/bicycle rider thrown, run over, or with significant impact
* Fall from height > 10 feet (all ages)

**Mechanism of Injury**

Patients meeting any one of the YELLOW CRITERIA WHO DO NOT MEET RED CRITERIA should be preferentially transported to a trauma center, as available within the geographic constraints of the regional trauma system (need not be the highest-level trauma center)

**BURN CRITERIA**

* Burn injury in patients with preexisting medical conditions
* Burn injuries involving children in hospitals without qualified personnel or equipment to care for children
* Burn injuries in patients that will require special social, emotional, or rehabilitative intervention
* Burn injuries with concomitant trauma injuries (i.e. fractures)

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| **ABA Burn Center Referral Criteria** * Partial thickness burns, greater than 10% TBSA
* Burns to the face, hands, feet, genitalia, perineum,

 or major joints* Third degree burns in any age group
* Electrical burns, including lightning injury
* Chemical burns
* Inhalation injury
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# \*Patients that meet ABA Burn Criteria should be transported to a designated Burn Center available within the geographic constraints of the regional trauma system. If burn center is not within geographical constraints, transport to the highest-level trauma center, preferably a level 1 or 2

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