Call LERN Communication Center at 1-866-320-8293 for patients meeting the following criteria:

- Unmanageable airway
- Traumatic cardiac arrest
- Burn patient > 40 % BSA without IV
- Tension pneumothorax
- Burn patient without patent airway

YES → Closest ED/Trauma Center

NO

Measure vital signs and level of consciousness

- GCS ≤13
- SBP <90mmHg
- RR <10 or >29 breaths per minute, or need for ventilator Support (<20 in infant aged <1 year)

NO → Transport to Trauma Center/Trauma Program

YES

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 or ankle
- Pelvic fractures
- Open or depressed skull fracture
- Paralysis
- Fractures with neurovascular compromise (decreased peripheral pulses or prolonged capillary refill, motor or sensory deficits distal to fracture)

NO → Assess mechanism of injury and evidence of high-energy impact

- Falls
  - Adults: >20 feet (one story is equal to 10 feet)
  - Children: >10 feet or two or three times the height of the child
- High-risk auto crash
  - Intrusion, including rod: > 12 inches occupant site; > 18 inches any site
  - Ejection (partial or complete) from automobile
  - Death in the same passenger compartment
- Vehicle telemetry data consistent with a high risk of injury
- Auto vs. pedestrian/bicyclist/ATV thrown, run over, or with significant (>20 mph) impact
- Motorcycle crash >20mph

NO → Assess special patient or system considerations

- Older Adults
  - Risk of injury/death increases after age 55 years
  - SBP <110 may represent shock after age 65
  - Low impact mechanisms (e.g. ground level falls) may result in severe injury
- Children
  - Should be triaged preferentially to pediatric capable trauma centers
- Anticoagulants and bleeding disorders
  - Patients with head injury are at high risk for rapid deterioration
- Burns
  - With trauma mechanism: triage to trauma center
- Pregnancy >20 weeks
- Hip Fractures (hip tenderness, deformity, lateral deviation of foot) excluding isolated hip fractures from same level falls
- Major joint dislocations (hip, knee, ankle, elbow)
- Open Fractures
- EMS provider judgment

YES → Transport to Trauma Center/Trauma Program

NO

Multi / Mass Casualty Incident

When in doubt, transport to a trauma center.