APPENDIX 10 – MISSISSIPPI GUIDELINES FOR FIELD TRIAGE OF INJURED PATIENTS

Measure vital signs and level of consciousness.

1

Glascow Coma Scale	≤13
Systolic blood pressure	(mmHg) <90 mmHg
Respiratory Rate	<10 or > 29 Breaths per minute or ventilatory support (<20 in infant aged <1 year.)

NO

Assess anatomy of injury

2

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 (Secondary to Trauma)

YES (Steps 1 and 2) →

Transport to a LEVEL I, II, or III Trauma Center as appropriate for injuries.

The following indicators warrant transport to the closest hospital:
- **Cardiac Arrest**
- **Unsecured/non-patent airway**
- **EMS Provider safety**

Consider use of air transport based on patient condition, weather, and availability of aircraft.

PEDIATRICS: Transport to a TERTIARY or SECONDARY Pediatric Trauma Center as appropriate for injuries.

(Steps 1 and 2 attempt to identify the most seriously injured patients. These patients should be transported preferentially to the highest level of care within the defined trauma system.)

NOTIFY RECEIVING FACILITY AS EARLY AS POSSIBLE.

NO

Assess mechanism of injury and evidence of high-energy impact

3

Falls
- -Adults: >20 feet (one story = 10 feet)
- -Children: >10 feet or two or three times the height of the child.

High Risk Auto Crash
- -Intrusion (*interior*), 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 high risk injury

Auto vs. Pedestrian/bicyclist thrown, run over, or w/significant (>20 mph) impact
Motorcycle crash >20 mph

YES →

Transport to a LEVEL I, II, III, or IV Designated Trauma Center as appropriate for injuries, which need not be the highest level trauma center.

PEDIATRICS: Transport to a TERTIARY or SECONDARY Pediatric Trauma Center as appropriate for injuries.

NOTIFY RECEIVING FACILITY AS EARLY AS POSSIBLE.

NO

Assess special patient or system considerations

4

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

Children are defined as < 16 years

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
EMS Provider Judgement

YES →

Transport to a trauma center or hospital capable of timely and thorough evaluation and initial management of potentially serious injuries. Consider consultation with medical control.

NO

Transport according to protocol.

CONTACT MEDICAL CONTROL. If there is any question concerning appropriate patient destination, or if requested by the patient or other person to deviate from protocol