



Advisory 23-04: 2022 NHTSA Field Triage Guidelines

To: All EMS Agencies

From: Jeremy T. Cushman, MD, MS, EMT-P, FACEP, FAEMS
Regional Medical Director

Date: April 18, 2023

The most recent update of the NYS BLS and Collaborative ALS Protocols include the 2022 National Highway Traffic Safety Administration (NHTSA) Field Triage Guidelines. This represents a significant and important update to how we triage trauma patients to the most appropriate facility.

The NHTSA Field Triage Guidelines are attached and available at <https://www.facs.org/media/rw4c5kb2/trauma-algorithm-vfinal-revise.pdf>

The American College of Surgeons website has tremendous resources on the science and data behind this revision available at: <https://www.facs.org/quality-programs/trauma/systems/field-triage-guidelines/>

In collaboration with University of Rochester's Kessler Trauma Center, an online video presentation is available to inform EMS practitioners on the development, use, and application of the new Trauma Triage Guidelines. This is available at: <https://youtu.be/bQjQHE-nHWo>

Unchanged is the expectation that prehospital notification of patients meeting the Field Triage Guidelines is provided as early as practical using the MIST format. The use of "Red Trauma" or "Yellow Trauma" in addition to MIST contents is recommended to help further inform the Trauma Center of the EMS practitioner's determination of Trauma Center need. MIST Training is available at <https://www.mlrems.org/patient-handoff>

For purposes of regional quality improvement and patient safety activities, the 2022 NHTSA Field Triage Guidelines may be used immediately, and are expected to be applied to all patients by all agencies and practitioners no later than July 1, 2023.

With any questions, please do not hesitate to contact this office.

web www.mlrems.org
phone (585) 463-2900
fax (585) 473-3516

office
44 Celebration Drive, Suite 2100
Rochester, NY 14620

mailing
601 Elmwood Avenue, Box 655-P
Rochester, NY 14642

National Guideline for the Field Triage of Injured Patients

RED CRITERIA

High Risk for Serious Injury

Injury Patterns

- 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

Mental Status & Vital Signs

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)

Age 10–64 years

- SBP < 90 mmHg or
- HR > SBP

Age ≥ 65 years

- SBP < 110 mmHg or
- HR > SBP

Patients meeting any one of the above RED criteria should be transported to the highest-level trauma center available within the geographic constraints of the regional trauma system

YELLOW CRITERIA

Moderate Risk for Serious Injury

Mechanism of Injury

- 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
 - Vehicle telemetry data consistent with severe injury
- 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)

EMS Judgment

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

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)