** Ohio Prehospital Trauma Triage Decision Tree – 2019 Update**

**Measure Vital Signs and Level of Consciousness**

**PEDIATRIC [Ages 0-15]**
- GCS ≤ 13
- Failure to localize pain
- Level of consciousness
- Loss of consciousness > 5 min
- Poor perfusion
- Resp distress or failure
- Resp < 20, age < 1

**ADULT [Ages 16-69]**
- GCS ≤ 13
- Failure to localize pain
- Level of consciousness
- Loss of consciousness > 5 min
- Systolic BP < 90
- Pulse > 120 with shock
- Resp < 10 or ≥ 29
- Tension pneumothorax
- Needs ventilatory support

**GERIATRIC [Age 70 & Up]**
- GCS ≤ 13
- Failure to localize pain
- Level of consciousness
- Loss of consciousness > 5 min
- Systolic BP < 100
- Pulse > 120 with shock
- Resp < 10 or ≥ 29
- Tension pneumothorax
- Needs ventilatory support
- GCS ≤ 14 with TBI

- Penetrating injury to head, neck, or torso
- Crush injury of head, neck, or torso
- Flail chest
- Abdominal tenderness, distention, or seatbelt sign
- Pelvic fracture
- Spinal cord injury
- Penetrating injury proximal to knee or elbow with neurovascular compromise
- Amputation proximal to wrist or ankle
- Crush of arm or leg
- 2 humerus and/or femur fractures
- Arm or leg injury with neurovascular compromise
- 2 or 3° burns > 10% TBSA
- Significant burns of face, feet, hands, genitals, or airway
- Open skull fracture
- Drowning, near-drowning, strangulation, and asphyxia are defined as trauma and should be transported to a trauma center.

**GERIATRIC ONLY**
- MVC with 1 humerus or femur fracture
- Injury of 2 or more body regions

**CONSIDER SPECIAL CIRCUMSTANCES **

These may include:
- Falls > 20 feet (≥ 10 feet or 2-3 times body height for peds)
- Motorcycle crash > 20 mph
- High-risk auto crash:
  - Ejection
  - Death in same compartment
  - Vehicle telemetry data shows high risk of injury
- Auto vs. pedestrian/bicycle: thrown, run over, > 20 mph
- Co-morbid conditions:
  - Pregnant
  - Bleeding disorder or anticoagulants
  - Dialysis
  - Diabetes
  - Immune system compromised

*These criteria were developed for use by EMS personnel in the prehospital setting. They are not intended for use in determining candidates for interfacility transfer (secondary triage).

**Special circumstances, e.g. mechanism of injury, are additional factors to be considered and should never be the sole reason for triaging a patient to a trauma center.

When in doubt, transport to a trauma center!