APPENDIX 10 – MISSISSIPPI GUIDELINES FOR FIELD TRIAGE OF INJURED PATIENTS

Measure vital signs and level of consciousness.

<table>
<thead>
<tr>
<th>Glasgow Coma Scale</th>
<th>≤13</th>
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<tbody>
<tr>
<td>Systolic blood pressure (mmHg)</td>
<td>&lt;90 mmHg</td>
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<tr>
<td>Respiratory Rate</td>
<td>&lt;10 or &gt; 29 Breaths per minute or ventilatory support (&lt;20 in infant aged &lt;1 year.)</td>
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1. Measure vital signs and level of consciousness.
2. 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 (Secondary to Trauma)

3. Assess mechanism of injury and evidence of high-energy impact
   - 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

4. Assess special patient or system considerations
   - 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

Transport according to protocol.

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.

NOTIFY RECEIVING FACILITY AS EARLY AS POSSIBLE.

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.

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.

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.

Contact Medical Control.