



Major Trauma Triage Tool

Entry criteria for this triage is a judgement that the patient may have suffered significant trauma

1. Measure vital signs

- Glasgow Coma Scale ≤ 13
- Systolic Blood pressure (mmHg) < 90 mmHg
- Respiratory Rate < 10 or > 29 breaths per minute (< 20 in infant aged < 1 year), or need for ventilatory support

NO

Yes to any one

If any of the factors are present:-

- Activate a Major Trauma Alert with the EOC Regional Trauma Desk
- Transport to Major Trauma Centre

If all factors are absent, proceed to stage 3.

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/ de-gloved/ mangled or pulseless extremity
- Amputation proximal to wrist or ankle
- Pelvic fractures
- Open or depressed skull fracture
- Paralysis

NO

Yes to any one

3. Assess mechanism of injury

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

Yes to any one

If any of the factors are present contact:

EOC Regional Trauma Desk for advice

If all factors are absent, proceed to stage 4.

4. Special conditions

- Older adults
 - Risk of injury/death increases after age 55 years
 - SBP < 110 might represent shock after age 65 years
 - Low impact mechanisms (e.g. ground level falls) might result in severe injury
- Children
 - Should be triaged preferentially to paediatric capable trauma centres
- Anticoagulants and bleeding disorders
 - Patients with head injury are at high risk for rapid deterioration
- Burns
 - Without other trauma mechanism: consider triage to regional burn centre
 - With trauma mechanism: triage to major trauma centre
- Pregnancy > 20 weeks
- Clinician judgement in liaison with RTD

NO

Yes to any one

If any of the factors are present contact:






EOC Regional Trauma Desk for advice

NO

Transport to nearest Trauma Unit or Local Emergency Hospital



A.T.M.I.S.T. Handover Tool

A GE	Age and sex of casualty (demographic).	
T IME	Estimated time of arrival and the time of incident.	
M o.i.	Mechanism of injury. This should include: <ul style="list-style-type: none">• The gross mechanism of injury (e.g. motor vehicle crash or stab wound to the chest) and,• Details of other factors known to be associated with major injuries e.g. entrapment, vehicle rollover, occupant ejected from vehicle.	
I njuries	Seen or suspected.	
S igns	<ul style="list-style-type: none">• Vital signs including heart rate, blood pressure, respiratory rate, oxygen saturation and Glasgow Coma Score.• An indication as to whether the physiological state of the patient has improved or deteriorated since first seen.	
T reatment	Treatment given.	