History of the Field Triage Guidelines

- 1976 ACS Optimal Resources Document
- 1987 ACS develops Field Triage Decision scheme
- 2006 CDC leads multidisciplinary panel
  - Evidence-based review
  - Published in the MMWR in 2009
- 2011 CDC Expert Panel revision: Minor updates
2021 Revision process - Overview

- Systematic review of current FTG literature
  - Clearly defined thresholds for addition/deletion of criteria

- EMS input integral to revision process
  - Expanded expert panel
  - Direct feedback

- NHTSA funding/support
Committee Structures

- **FTG Steering Committee**
  - PICO (patient, intervention, comparison, outcome) questions to guide the systematic reviews
  - Initiated meetings 2 years in advance of the Expert Panel meeting

- **National Expert Panel**
  - EMS clinicians, EMS physicians, emergency physicians, trauma surgeons, pediatric surgeons, nurses, EMS medical directors, experts in EMS training and education, EMS and trauma system administrators, researchers, and representatives from stakeholder organizations
  - 12 national organizations represented
Systematic reviews

- New literature on field triage
- Controversial aspects of the guideline
- Opportunities for new or modified criteria
- Quality of the evidence
EMS Feedback

- EMS Subcommittee of ACS-COT
- Developed and piloted 40-question end-user feedback tool
- Distributed to 29 national organizations representing EMS
- Responses from 3,958 EMS clinicians

Fischer PE et al, Trauma Surgery Acute Care Open 2022
EMS feedback

- FTG are widely used by EMS in the U.S.
  - Prior versions seen to be overly complex
- Stepwise approach felt to be useful
  - But mechanism/injury is evaluated first and drives most decisions
    - “I see the wreck before I see the patient”
    - “I see the patient before I know the BP”
2021 Field Triage Guidelines

National Guideline for the Field Triage of Injured Patients

**RED CRITERIA**

High Risk for Serious Injury

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**YELLOW CRITERIA**

Moderate Risk for Serious Injury

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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).

- Structure/format re-imagined
  - Align better with information flow to EMS
  - Align better with how FTGs were being used
- Consolidates criteria into two categories
  - High risk for serious injury
  - Moderate risk for serious injury
## National Guideline for the Field Triage of Injured Patients

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### Physiologic criteria

- Updated physiologic criteria

### Anatomic criteria

- Anatomic criteria

### Mechanism of injury

- Injury patterns

### Special considerations

- Special considerations focused on criteria prompting special attention by EMS

---

**Anatomic criteria now injury patterns**

**Updated physiologic criteria**

**Mechanism of injury**

**Special considerations**

---

2021 Field Triage Guidelines
2021 Field Triage Guidelines

National Guideline for the Field Triage of Injured Patients

**RED CRITERIA**
High Risk for Serious Injury

- **Injury Patterns**
- **Mental Status & Vital Signs**

Flow of information to EMS

- 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

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# National Guideline for the Field Triage of Injured Patients

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- 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 \(< 70\text{mm Hg} + (2 \times \text{age years})\)

**Age 10–64 years**

- SBP \(< 90\text{ mmHg} or\)
- HR \(> SBP\)

**Age \(\geq 65\) years**

- SBP \(< 110\text{ mmHg} or\)
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| Consider risk factors, including:  
• Low-level falls in young children (age ≤ 5 years) or older adults (age ≥ 65 years) with significant head impact  
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• Pregnancy > 20 weeks  
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- EMS judgement section now includes factors that the expert panel felt were important to consider, but which lacked a robust and consistent evidence base.
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- New for 2021
Each risk category is aligned with recommendations for selection of a destination hospital.
Transport recommendations

- Organized by risk of serious injury
  - Transport recommendations aligned with the level of risk

- No “one size fits all”
  - Account for regional differences

- Goal:
  - Patients meeting the “high risk” criteria should be triaged to the highest level trauma center within the region whenever possible
  - “Right patient, Right Place, Right time”
Dissemination

- Press releases
- Social media campaign
- EMS World presentation
- Trade periodicals (JEMS, Firehouse)
- Professional Organizations
- 10th Edition PHTLS
- NASEMSO Model EMS Guidelines
- Regional NHTSA Offices
  - Encourage highway safety offices to partner with state EMS offices in dissemination and adoption of this updated countermeasure
Education

- Video and written materials
- Case-based scenarios
- Customizable for specific trauma systems
- Developed for new providers and continuing education
**CASE 1**

**Dispatch info:** Passenger vehicle rear-end collision into Garbage truck, unknown injuries

**Scene size up:** SUV with damage as shown. Middle-aged male driver restrained, still in vehicle.

---

**Initial Thoughts?**

---

**Discussion Points:** Consider the following based on your specific EMS and trauma system resources and geographic constraints

- Criterion demonstrated – Shock Index >1 (e.g. HR>SBP): HR 124, SBP 96 → RED criterion, should go to highest level trauma center available

- System & resource considerations –
  - Bypass other centers –
  - Patient destination –
  - Transport mode –
## Quality Measures

### Candidate Measures

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<td>Percentage of EMS responses originating from a 911 request for patients who meet CDC criteria for trauma and are transported to a trauma center</td>
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<td>FL-FAIR Trauma-14: Trauma Call Rate</td>
<td>Percentage of EMS transports originating from a 911 request for patients meeting Step 1 or Step 2 prehospital field triage criteria for trauma during which a pre-arrival trauma alert is initiated.</td>
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<td>1) Percentage of EMS transports originating from a 911 request for patients meeting ACS prehospital field triage (Red) criteria for trauma transported to a Level I or II Trauma Center, and 1) Percentage of same patients NOT transported to LI or II center, stratified by distance from injury location to LI or II center.</td>
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2021 Field Triage Guidelines - Highlights

- FTG now with new structure/format
  - Revised to reflect information flow to EMS
  - More consistent with how FTG are currently being used

- Revisions based on rigorous process for review of current evidence, expanded expert input and EMS feedback

- Risk categories aligned with recommendations for destination hospital
Focus now on dissemination and education

New quality measures to assess effectiveness

EMS/End user feedback was critical to revision process
FTG Steering committee/Slide credits:

- Craig Newgard, MD, MPH
- Peter Fischer, MD
- Mark Gestring, MD
- Eileen Bulger, MD
- Holly Michaels, MPH
- Mackenzie Dafferner, MPH