

**Sec. 19a-177-5. Field triage protocols**

(a) The following field triage protocol shall provide criteria to categorize trauma patients and determine destination hospitals with resources appropriate to meet the patient's needs.

1. Assess the physiologic signs. Trauma patients with any of the following physiologic signs shall be taken to a Level I or Level II trauma facility:

- (A) Glasgow Coma Scale of twelve (12) or less; or
- (B) systolic blood pressure of less than ninety (90) mm Hg; or
- (C) respiratory rate of less than ten (10) or more than twenty-nine (29) breaths per minute.

2. Assess the anatomy of the injury. Trauma patients with any of the following injuries shall be taken to a Level I or Level II trauma facility:

- (A) gunshot wound to chest, head, neck, abdomen or groin;
- (B) third degree burns covering more than fifteen (15) per cent of the body, or third degree burns of face, or airway involvement;
- (C) evidence of spinal cord injury;
- (D) amputation, other than digits; or
- (E) two (2) or more obvious proximal long bone fractures.

3. Assess the mechanism of injury and other factors and, if any of the following is present, determination of destination hospital shall be in accordance with medical direction:

- (A) Mechanisms of injury:
  - (1) falls from over twenty (20) feet;
  - (2) apparent high speed impact;
  - (3) ejection of patient from vehicle;
  - (4) death of same car occupant;
  - (5) pedestrian hit by car going faster than twenty (20) MPH;
  - (6) rollover; or
  - (7) significant vehicle deformity – especially steering wheel.
- (B) Other factors
  - (1) age less than five (5) or greater than fifty-five years;
  - (2) known cardiac or respiratory disease;
  - (3) penetrating injury to thorax, abdomen, neck, or groin other than gunshot wounds.

4. Severely injured patients less than thirteen (13) years of age should be taken to a Level I or II facility with pediatric resources including a pediatric ICU.

5. When transport to a Level I or II trauma facility is indicated but the ground transport time to that hospital is judged to be greater than twenty (20) minutes, determination of destination hospital shall be in accordance with local medical direction.

6. If, despite therapy, the trauma patient's carotid or femoral pulses can not be palpated, airway can not be managed, or external bleeding is uncontrollable, determination of destination hospital shall be in accordance with local medical direction.

7. When in doubt regarding determination of destination hospital, contact medical direction.

(b) All EMS providers transporting trauma patients to hospitals shall provide receiving hospitals with a completed OEMS approved patient care form prior to departing from the hospital. A patient care form shall be completed for each trauma patient at the scene who is not transported and shall be forwarded to the OEMS.

*Regulations of Connecticut State Agencies*

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(c) Beginning October 1, 1995, all hospitals and EMS providers shall follow the field triage protocols.

(Adopted effective March 22, 1995)