Is the patient ventilating or can the patient be ventilated?

Measure Vital signs and Level of Consciousness

Transport to the closest appropriate hospital or ALS / Air Medical intercept for RSI / definitive airway management

Glasgow Coma Scale 13 or less
Systolic blood pressure less than 90 mm Hg
Respiratory rate less than 10 or more than 29 for adults
Less than 20 for infants less than 1 year
PEDS: 1 or more abnormalities in Pediatric Assessment Triangle

Transport to a trauma center. Steps 2-3 attempt to identify the most seriously injured patients. These patients should be transported preferentially to the highest level of trauma care within the defined trauma region.
PEDS: Consider transport to a pediatric trauma center within region

Assess anatomy of injury

All penetrating injuries to head, neck, torso, and extremities proximal to elbow or knees
Chest wall instability or deformity (e.g. flail chest)
Two or more suspected fractures involving the femur or humerus
Crushed, degloved, mangled, or pulseless extremity
Complete or partial amputation proximal to wrist or ankle
Pelvic fracture/unstable pelvis
Open or depressed skull fractures
New onset paralysis (paraplegia/quadriplegia)

Transport to a trauma center. Steps 2-3 attempt to identify the most seriously injured patients. These patients should be transported preferentially to the highest level of trauma care within the defined trauma region.
PEDS: Consider transport to a pediatric trauma center within region

Assess mechanism of injury and evidence of high-energy impact

Falls
Adults more than 20 feet (one story is equal to 10 feet)
Children more than 10 feet or 2 – 3 times the height of the child
High-Risk Auto Crash
Intrusion, including roof: more than 12 inches occupant site, more than 18 inches any site
Ejection (partial or complete) from automobile
Death in same passenger compartment
Vehicle telemetry data consistent with high risk of injury
Auto vs. pedestrian/bicyclist thrown, run over, or with significant (more than 20 mph) impact
Motorcycle crash more than 20 mph

Transport to a trauma center, which depending upon the defined trauma region, need not be the highest level trauma center

Assess special patient or system considerations

Age:
Risk of injury / death increases for patients 55 and older
Systolic blood pressure below 110 may represent shock for patients 65 and older
Low impact mechanisms (e.g. ground level falls) may result in severe injury for older adults
Consider transporting children to the pediatric trauma center

Bums:
Adults burns without other trauma mechanism should be triaged to the burn center; burns with trauma mechanism should be triaged to the trauma center. Pediatric patients with burns should be transported to the pediatric trauma center

Anticoagulants and bleeding disorders: patients with head injury are at high risk for rapid deterioration
Pregnancy over 20 weeks
EMS provider judgement

Transport to a hospital capable of timely and thorough evaluation and initial management of potentially serious injuries.

Transport according to protocol