

Definition of a Trauma Team Alert Patient

ADULT
South Dakota Trauma System



PHYSIOLOGICAL ABSOLUTES – Red Criteria

Airway	Respiratory distress or need for respiratory support. Room-Air Pulse Oximetry < 90%
Breathing	RR <10 or > 29 breaths/min
Circulation	SBP <90mmHG (ages 10-64yrs) or <110mmHg (ages ≥65yrs) or HR>SBP
Disability	GCS Unable to follow commands (motor GCS <6)

ANATOMIC ABSOLUTES – Red Criteria

- Penetrating injury to head, neck, torso, and proximal extremities
- Skull deformity, suspected skull fracture
- Suspected spinal injury with new motor or sensory loss
- Chest wall instability, deformity, or suspected flail chest
- Suspected pelvic fracture
- Suspected fracture of two or more proximal long bones
- Crushed, degloved, mangled, or pulseless extremity
- Amputation proximal to the wrist or ankle
- Active bleeding requiring a tourniquet or wound packing with continuous pressure

STRONG DEGREE OF SUSPICION – Yellow Criteria

**THIS DOES NOT CONSTITUTE AN AUTOMATIC
CATEGORIZATION OF A SEVERE TRAUMA PATIENT*

- Fall from height > 10 feet (all ages)
- High-Risk Auto Crash:
 - Partial or complete ejection
 - Significant intrusion (including roof) >12 inches occupant site OR >18 inches any site OR need for extrication for entrapped patient
 - Death in the passenger compartment
 - Vehicle telemetry data consistent with severe injury
- Rider separated from transport vehicle with significant impact (e.g., motorcycle, ATV, horse, etc.)
- Auto-pedestrian/auto-bicycle impact > 5 mph
- Pedestrian/bicyclist thrown, run over, or with significant impact

SPECIAL CONSIDERATIONS Yellow Criteria

- Age ≥ 65
- Anticoagulant use
- Pregnancy > 20 weeks
- Special, high-resource healthcare needs
- Burns in conjunction with trauma
- Low-level falls in older adults
- (age ≥ 65 years) with significant head impact

If concerned, take to a trauma center.

**This guideline is adapted from the National Field Triage Guidelines developed by the Centers for Disease Control and Prevention (CDC) and the American College of Surgeons Committee on Trauma (ACS-COT).*

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Definition of a Trauma Team Alert Patient

PEDIATRIC
South Dakota Trauma System



PHYSIOLOGICAL ABSOLUTES – Red Criteria

Airway	All Ages: Respiratory distress or need for respiratory support. Room-air pulse oximetry < 90%.
Breathing	All Ages: RR < 10 or > 29 breaths/min.
Circulation	Age 0–9 years: SBP < 70 mm Hg + (2 x age in years). Age 10 years to < 90 mmHg or HR > SBP.
Disability	All Ages: Unable to follow commands (motor GCS < 6).

*The Pediatric Assessment Triangle should be the basis for all pediatric emergencies

ANATOMIC ABSOLUTES – Red Criteria

- Penetrating injuries to head, neck, torso, and proximal extremities
- Skull deformity, suspected skull fracture
- Suspected spinal injury with new motor or sensory loss
- Chest wall instability, deformity, or suspected flail chest
- Suspected pelvic fracture
- Suspected fracture of two or more proximal long bones
- Crushed, degloved, mangled, or pulseless extremity
- Amputation proximal to wrist or ankle
- Active bleeding requiring a tourniquet or wound packing with continuous pressure

STRONG DEGREE OF SUSPICION – Yellow Criteria

**THIS DOES NOT CONSTITUTE AN AUTOMATIC CATEGORIZATION OF A SEVERE TRAUMA PATIENT*

- Fall from height > 10 feet (all ages)
- High-Risk Auto Crash:
 - Partial or complete ejection
 - Significant intrusion (including roof) >12 inches occupant site OR >18 inches any site OR need for extrication for entrapped patient
 - Death in passenger compartment
 - Child (age 0–9 years) unrestrained or in unsecured child safety seat
 - Vehicle telemetry data consistent with severe injury
- Rider separated from transport vehicle with significant impact (e.g., motorcycle, ATV, horse, etc.)
- Pedestrian/bicycle rider thrown, run over, or with significant impact

SPECIAL CONSIDERATIONS

**OFFER A HIGH DEGREE OF SUSPICION*

Yellow Criteria

- Low-level falls in young children (age ≤ 5 years) with significant head impact
- Suspicion of child abuse
- Special, high-resource healthcare needs
- Burns in conjunction with trauma
- Children should be triaged preferentially to pediatric capable centers

If concerned, take to a trauma center.

This guideline is adapted from the National Field Triage Guidelines developed by the Centers for Disease Control and Prevention (CDC) and the American College of Surgeons Committee on Trauma (ACS-COT).