

TRAUMA PRACTICE MANAGEMENT MANUAL

1. INITIAL ASSESSMENT AND RESUSCITATION

B. Adult Trauma Activation Criteria

Trauma Activation Criteria only applies to injuries suspected to have occurred within the past 36 hours. Activation for any criteria not listed below must be at the direction of the ED or Trauma Attending only.

ADULT LEVEL I RESPONSE (FROM THE TIME ACTIVATION IS INITIATED):

Trauma Attending	IMMEDIATELY (within 15 mins)
Trauma Surgical Resident (PGY IV or V)	Immediately
Emergency Medicine Attending	Immediately
Emergency Medicine Resident (PGY II or III)	Immediately
Anesthesia Attending	Immediately
Anesthesia Resident (PGY III)	Immediately
Trauma Nurses (Primary, Secondary & Scribe)	Immediately
Orthopedic Resident	Immediately Upon Request
Neurosurgery Resident	Immediately Upon Request
X-Ray Technician	Immediately
BloodBank	Immediately Available by Phone
Blood Product Courier	Immediately
STAT Lab	Immediately Notified
Radiology Resident	Immediately Available by Phone

ADULT LEVEL 1 TRAUMA ACTIVATION CRITERIA

Physiologic Criteria:

FROM THE FIELD

- Any blood product administration
- Any confirmed SBP <100 from scene to WMC arrival
- Any patient with a HR > than SBP (Shock index >1)
- GCS $\leq$ 12
- Intubated patients- OR-patients in need of emergent airway
- Respiratory distress (flail chest, SPO₂ <90% with supplemental O₂) **AND/OR** airway compromise
- Traumatic Cardiac or respiratory arrest

Anatomic Criteria:

- **ALL PREGNANT PATIENTS** $\geq$ 20 weeks gestation meeting any level 1 or 2 criteria
- Amputations proximal to or including wrist or ankle
- Burns > 15% TBSA associated with traumatic injury
- New complete paralysis (defined as complete lack of movement) of either the upper and/or lower extremities
- Penetrating injury to the head, torso, neck, or groin area proximal to the elbow/knee
- **Two or more** obvious long bone fractures (humerus or femur)
- Uncontrolled external bleeding

Mechanism of Injury:

- Death of another occupant in the same vehicle
- Falls > 20 feet
- Motorcycle or bicycle impacted at $\geq$ 20 MPH
- Pedestrian Struck $\geq$ 40 mph
- Vehicular Ejection

Physician Discretion:

- The Emergency Department or Trauma Attending initiates a Level 1 Activation

ADULT LEVEL 1 TRAUMA ACTIVATION CRITERIA

TRANSFERS

Physiologic Criteria:

- Any blood product administration **during** transport
- Any confirmed SBP < 90 from sending hospital to WMC arrival
- Any patient with a HR > than SBP (Shock index >1)
- GCS < 10
- Intubated patients- OR-patients in need of emergent airway
- Respiratory distress (flail chest, SPO₂ <90% with supplemental O₂) **AND/OR** airway compromise
- Traumatic Cardiac or respiratory arrest

Physician Discretion: The Emergency Department or Trauma Attending initiates a Level 1 Activation.

1. INITIAL ASSESSMENT AND RESUSCITATION
B. Adult Trauma Activation Criteria (Cont'd).

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ADULT LEVEL II RESPONSE FROM THE TIME ACTIVATION IS INITIATED):

**** Trauma Attending to see all Level 2 activations within 4 hours of arrival**

Senior Trauma Surgical Resident (PGY IV or V)	Immediately
Emergency Medicine Attending	Immediately
Emergency Medicine Resident (PGY II or III)	Immediately
Respiratory Therapist	Immediately
Orthopedic Resident	Immediately Upon Request
Neurosurgery Resident	Immediately Upon Request
X-ray Technician	Immediately
Blood Bank	Immediately Available by Phone
STAT Lab	Notified
Radiology Resident	Immediately Available by Phone

ADULT LEVEL II TRAUMA ACTIVATION CRITERIA
FROM THE FIELD

Physiologic Criteria:

- GCS 13-15 with traumatic mechanism or signs of trauma **AND age $\geq$ 65 years**

Mechanism of Injury:

- Falls $\geq$ 10 feet-**OR** - any fall with a (+) LOC **AND age $\geq$ 65 years**
- High Speed Collision (>30 MPH) **AND age $\geq$ 65 years**
- Motorist/Cyclist/Rider thrown from vehicle (motorcycle/bicycle/ATV/horse/snowmobile/dirt bike)
- Patient suspected of hanging
- Pedestrian struck by vehicle traveling 25 to 39mph
- Pedestrian struck by vehicle traveling 20 to 39mph **AND age $\geq$ 65 years**
- Prolonged Extrication (> 20 min)
- Unrestrained Passenger involved in a rollover

Physician Discretion:

- The Emergency Department or Trauma Attending initiates a Level II Activation

ADULT LEVEL II TRAUMA ACTIVATION CRITERIA
TRANSFERS

- All patients not meeting level 1 criteria will be auto accepted as a level 2 trauma. After connecting with the sending facility, the level may be adjusted by the trauma attending

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1. INITIAL ASSESSMENT AND RESUSCITATION B. Adult Trauma Activation Criteria (Cont'd).

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ADULT LEVEL III RESPONSE (EMERGENCY DEPARTMENT ONLY):

Emergency Attending	Immediately
Emergency RN	Immediately

ADULT LEVEL III TRAUMA ACTIVATION CRITERIA

- Any EMS call involving a traumatic mechanism that may result in injury but does not meet Level 1 or 2 criteria, with a low threshold to call a Level 3 if the patient is **≥ 65 years old** AND/OR is taking anticoagulation (including ASA and Plavix)
- Fall from a height that does not meet Level 1 or 2 criteria, particularly patients **≥ 65 years old**
- MVC which does not meet Level 1 or 2 criteria, particularly patients **≥ 65 years old**
- Pedestrian Stuck at low speed particularly patients **≥ 65 years old**
- Physician or Nurse discretion

ADULT CONSULT RESPONSE (FROM TIME CONSULT IS PLACED):

Surgical Resident for ED (PGY II-III)	Call-back w/in 15min on consult
Senior Trauma Resident (PGY IV-V)	Notified by ED surgical resident by phone w/in 30min to evaluate examine, & communication recommendations w/in 45 min
Trauma Attending	By phone after vital diagnostic imaging

ADULT TRAUMA CONSULT POLICY

All patients arriving through the Emergency Department with trauma mechanisms not meeting Trauma Level I or II activation can generate a trauma consultation based on the discretion of the Emergency Medicine department.

All such patients with traumatic brain injury or poly-systems trauma must generate a trauma consultation.

Trauma consultations must be seen by PGY-2 or higher-level resident within 60 minutes of request, and immediately staffed with the on-call Trauma Surgery Attending.

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