

Vanderbilt Trauma/Emergency Medicine Trauma Activation Criteria

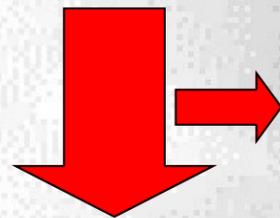
(patients 16 years of age or older)

(updated 2/1/2015)

- Any intubated patient
- Any patient with an artificial airway (King, LMA, etc)
- Unsecured/Unstable Airway or O2 sats <92%
- BP <90 systolic AT ANY TIME
- Any patient actively receiving blood products
- Glasgow Coma Scale 9 or less
- Quadriplegia
- ANY Penetrating trauma to head, face or torso (chest, abdomen, back or buttocks or proximal to knee and/or elbow)
- Burns ≥ 20% TBSA or burns combined with other injury

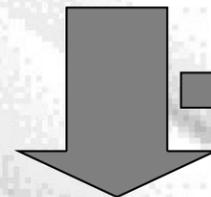
- Heart Rate >120
- Glasgow Coma Scale 10 to 13
- Paraplegia or hemiplegia
- Known intraabdominal/retroperitoneal bleeding- or solid organ injury
- Multiple (2 or more) long bone fractures
- Mangled extremity/amputation proximal to elbow/ knee
- Burns 10-20% TBSA or High Voltage Electrical Injury
- Pregnancy >20 weeks with injury or significant MOI
- >65 years old with systolic BP <110

- Heart Rate less than 120
 - Glasgow Coma 14-15
 - Awake, following commands
 - Suspected or actual closed fracture
 - Hand Injuries (amputation/crush injury)
 - Presence of known acute intracranial bleeding
 - Patients with pneumothorax and/or chest tube(s)
 - Patients with known pelvic fracture
- (Level III patients can be managed anywhere in the department and require no specific response considerations outside the normal standard of care)



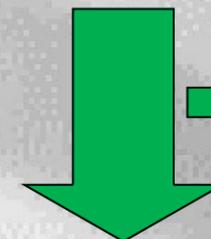
Level I Patient

Full Trauma Team Response



Level II Patient

Trauma Team Response (no Trauma Attending)



Level III Patient

ED Response Only

SPECIAL CONSIDERATIONS

- Any patient may be made a Level I at an Emergency Medicine Attending's or Trauma Attending's discretion.
- LifeFlight Flight Crew will level their patients per criteria
- ONLY Emergency Medicine Attending or Trauma Attending may up or downgrade patients
- Unless requested by an EM attending the Communications Center personnel will assign a level.

TRAUMA ATTENDING

MOBILE

615-480-1149

TRAUMA IN PREGNANCY

Any pregnant patient 20 weeks or greater gets a simultaneous OBET page/response (including ALL Level I patients) These patients should receive OB monitoring throughout their ED course.

Interhospital Transfer Patients

Patients with documented injuries on outside hospital studies that have been confirmed by the ED attending and require inpatient care do not need a formal Trauma Surgery Consult prior to initiating the bed request process. In such circumstances, the ED attending or their designee will page the Trauma Chief Resident, provide a brief report of the pertinent injuries and hemodynamic stability of the patient, and a Trauma Bed Request will be placed.