

Level I/Trauma Alert Criteria (patients 16 years of age or older)

Airway/Breathing	Unstable/Unsecure Airway/Intubated Patient	Extremities	Multiple (> 1) long bone fracture with shock (BP ≤90 mmHg or HR >120)
	Patients requiring immediate airway intervention		Mangled Extremity or Amputation (above wrist/ankle)
	Severe Facial Injuries	Mechanism of Injury	Penetrating Trauma to head, face or torso (chest, abdomen, back or buttocks)
	Facial Burns/Suspected Inhalation Injury		Ejected from vehicle
	Moderate to Severe Respiratory Distress, Sub Q air in face, neck or chest		Fall from 20 or more feet with presence of other Level I criteria
Circulation	Systolic BP ≤90 mmHg or HR >120		Electrocution/Electrical Injury with entry/exit wounds
	Cardiopulmonary arrest from trauma		Burns ≥ 20% TBSA or burns combined with other injury
	Uncontrolled/Arterial Bleeding with shock (BP ≤90 mmHg or HR >120)		Massive crush/degloving injury
		Miscellaneous	ED/Trauma Attending Discretion to Up/Downgrade
	Spinal/Neurogenic Shock		
CNS/Neurological	Glasgow Coma Scale ≤ 8	Special Considerations/Notes <ul style="list-style-type: none"> Beware the elderly patient (age 55 and over) especially the “super elderly” (age 75 and over) have a low threshold for making these patients a Level I Consider underlying disease/comorbidities (heart/CV disease, use of anticoagulants) <u>Level I versus Level II decision making; please remember the following:</u> <ul style="list-style-type: none"> Incoming EMS/Air Medical personnel do not “level” their own patients; with the exception of Vanderbilt LifeFlight The Communications Center/Flightcomm staff takes incoming patient information and assigns the patient into the proper level. All Communications Center staff are Paramedics or EMT’s and follow guidelines set up by Trauma/EM physicians. The Communications Center/Flightcomm staff may ask for guidance from a VU attending regarding appropriate “leveling” for a patient. 	
	Head Injury with LOC >5 minutes		
	Spinal Cord Injury/Neurological Deficit		
Chest/Abdomen/Pelvis	Chest/Abdominal/Pelvic Injury with shock (BP ≤90 mmHg or HR >120)		
	Chest Wall Injury with flail chest/sucking wound or Sub Q Air		
	Pregnancy ≥24 weeks with significant MOI		

Updated and revised, January, 2011

Kevin High, RN, Richard Miller, MD and Corey Slovis MD