

## Trauma Alert and Response Guidelines

### Adult Trauma Level I (Trauma Alert)

Adult Trauma Alert patients are critically ill and “Trauma Level I-Adult” is paged via FlightCom at the earliest indication that such a patient will be arriving or has arrived in the Emergency Department. For Trauma Level I patients, access to the Operating Room, CT scan and other special services will be of highest priority.

Criteria	Personnel to Respond
<b>Airway/Breaching</b> Unstable airway/unsecure airway Patients with severe maxillofacial injuries Patients requiring immediate airway intervention Facial burns or burns with significant suspicion of inhalation injury Moderate-severe respiratory distress; sub-Q emphysema of the face, neck or chest	Trauma Surgeon Emergency Department Attending Chief Surgical-Trauma Resident (R4) or Trauma Fellow Junior Surgical Resident (R2) EM Resident Emergency Department Nurses (2) or Emergency Department Nurse (1) and Paramedic (1) Emergency Department Charge nurse ED Tech Respiratory Therapist X-Ray Technologist CT Technologist prepares to receive patient Social Worker when in-house
<b>Circulatory</b> Systolic BP < 90mmHg or HR > 120 Witnessed cardiac arrest from trauma Arterial Bleeding Spinal Shock (Hypotension & normal HR with neuro deficits)	
<b>CNS</b> GCS ≤ 8 Head injury with LOC > 5 min with one or more other physiologic derangements Known spinal cord injury Neurologic deficits with suspected spinal cord injury (any level)	
<b>Chest/Abd/Pelvis</b> Cardiac injury Widened mediastinum Diagnosed abdominal or pelvic injury with shock Major pelvic injury with shock Major chest wall injury such as flail chest/sucking chest wound	
<b>Extremities</b> Multiple long bone fractures with shock Amputation of proximal extremity (not digits) Pulseless extremity with evidence of trauma	
<b>Mechanism of Injury</b> Penetrating trauma to the head, face, torso (chest, abd, buttocks, back) Ejection or thrown from any vehicle with presence of other criteria for Level I activation Fall from height > 10 feet are Level II unless meeting Level I criteria High voltage electrical injury Burns > 20% BSA or burns combined with any other injury Massive crush injury	



## Trauma Level II

Trauma Level II patients; there is evidence of significant injury or mechanism of injury that will require a team approach to their care to expedite resuscitation and treatment. Prompt access to the CT scanner and radiographic studies is essential to facilitate diagnostic workup and determination of overall management. Access to the operating room and other special services will be within two hours of notification of need. These patients have uncertain status. Their condition may be stable on arrival only to deteriorate. They may be upgraded to a Trauma Alert at any time based on the professional judgment of the ED Charge Nurse, Primary Nurse or in consultation with the ED Attending.

The Trauma Level II will be paged with the estimated time of arrival when known.

Criteria	Personnel to Respond	
Airway/Breathing Facial trauma or suspected fractures with NO airway compromise	ED Attending ED Resident ED Nurses (2) or ED Nurse (1) and Paramedic (1) ED Tech Respiratory Therapist (on call) CT Technologist prepares to receive patient Social Worker when in-house	
Circulatory HR 100-110 with known or suspected injuries Minimal external blood loss with stable VS		
CNS GCS 9-13 with LOC < 5 minutes		
Chest/Abd Pelvis Pelvic fractures without shock Suspicion of pelvic fractures Tender or distended abdomen with stable VS Known solid organ injury and hemodynamic stability		
Extremities Multiple long bone fractures without shock Amputation of distal extremities or digits and hemodynamic stability Open fracture without neurovascular compromise		
Mechanism of Injury Extrication time > 20 minutes with evidence of other Level II criteria Death in same vehicle (unless meets Level I criteria) Penetrating trauma to extremity with stable VS and no evidence of neurovascular compromise or arterial bleeding Falls from height > 10 ft (unless meets Level I activation)		
<b>Geriatric patients: Patients &gt; 65 year of age that meet Level II trauma activation should be upgraded to trauma alert.</b>		
<b>Pregnant Patients: Patients who are &gt; 24 weeks gestational age should be Level II unless they meet criteria for Level I activation.</b>		

### Trauma Level III

Patients with moderate risk of having sustained significant injury (i.e. high energy impact, prolonged extrication, extenuating circumstances) and do not meet any criteria for Level I or Level II activation. These patients will be evaluated by the ED physician and if indicated, the on-call trauma surgeon will be consulted.

Criteria	Personnel to Respond
<p>Immobilized with no significant injury CGS 14-15 with LOC &lt; 5 minutes Ambulatory at scene but with complaints Superficial soft tissue trauma</p> <p><b>Geriatric Patients: Consider upgrading patients &gt; 65 years of age to Trauma Level II or Trauma Alert</b></p> <p><b>Pregnant Patients: Consider upgrading patients &gt; 24 weeks gestational age to Trauma Level II.</b></p>	<p>ED RN ED Paramedic or Care Partner ED MD</p>