

Vanderbilt Adult Emergency Medicine Trauma and Burn Activation Criteria

Revised August 2020

AGE CONSIDERATIONS
 Patients 16 years and older meeting Level I or Level II
 Criteria should be seen in the Adult ED.
 Patients 16-17 years old meeting Level III criteria may go to VCH.

SPECIAL CONSIDERATIONS

- Emergency Medicine or Trauma Attendings ONLY may up/downgrade patients
- Residents, Fellows and ED staff DO NOT level patients
- LifeFlight Flight Crew will level their patients
- Unless requested by an EM attending the Communications Center personnel will assign a level.

SPECIAL RESUSCITATION CONSIDERATIONS
 Patients that present post hanging, nonfatal drowning or overdose/poisoning should only have trauma team activation if there is actual or suspected trauma mechanism; otherwise they are managed and dispositioned to a non-surgical service e.g. MICU).

- Any intubated patient transferred from a scene
- Any patient with an artificial airway (King, LMA, etc)
- Unsecured/Unstable Airway or O2 sats <92%
- CONFIRMED BP of 90/systolic or less at any time
- Any patient actively receiving blood products
- Glasgow Coma Scale 9 or less
- Quadriplegia
- ANY Penetrating trauma to head, face or torso; including chest, abdomen, back, groin or buttocks
- Burns ≥ 20% TBSA burns combined with other injury/trauma

Level I Trauma Patient

Full Trauma Team Response

- Intubated patient transferred from a health care facility
- Penetrating trauma to the extremities (distal to groin and axilla)
- CURRENT 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
- Pregnancy >20 weeks with injury or significant MOI
- >65 years old with systolic BP <110
- Burns 10-20% TBSA combined with other injury/trauma
- High Voltage Electrical Injury with or without trauma mechanism

Level II Trauma Patient

Trauma Team Response (no Trauma Attending)

- Heart Rate less than 120
 - Glasgow Coma 14-15
 - Awake, following commands
 - Penetrating Injury (GSW/SW to hand or foot)
 - Suspected or actual closed fracture
 - Hand Injuries (amputation or crush injury)
 - Presence of known acute intracranial bleeding
 - Patient with pneumothorax and/or chest tube
 - 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 III Trauma Patient

ED Response Only

- Burns**
- Any burn patient with 10% TBSA or greater without trauma mechanism
 - Any intubated burn patient
 - Any patient with actual/suspected smoke inhalation or inhalation injury
 - Any firefighter or first responder with burn or

Burn Alert Patient

ED /Burn Team Response

TRAUMA ATTENDING MOBILE PHONE
 615-480-1149

INTERHOSPITAL TRANSFER PATIENTS
 Patients with documented injuries on outside hospital hospital studies that have been confirmed by the ED attending and require inpatient care do not need a formal trauma 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.

TRAUMA IN PREGNANCY
 Any pregnant patient 24 weeks or greater gets a simultaneous OBET page/response (including ALL Level I patients)
 These patients should receive OB monitoring throughout their ED course.