Vanderbilt Adult Emergency Medicine Trauma and Burn Activation Criteria

Revised February 2024

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 CURRENT 02 sats ‹89%
- 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
- ›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 patient with burns and trauma mechanism should receive a simultaneous trauma level/response
- Refer to Burn Alert criteria for appropriate leveling criteria

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 requiest 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 Level I or Level II pregnant patient 20 weeks or greater gets a simultaneous OBET page/response.

These patients should receive OB monitoring throughout their ED course.