

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
- Unless requested by an EM attending
the Communications Center personnel
will assign a level.

Level I Trauma Patient

Full Trauma Team Response

SPECIAL RESUSCITATION CONSIDERATIONS

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

TRAUMA IN PREGNANCY

All Level 1 and Level 2 trauma patients ≥ 20 weeks preg-
nant will have simultaneous OBET response

Patient ≥ 20 weeks pregnant with all MOI other than
ground level fall = Level II

Patients ≥ 20 weeks pregnant with ground level fall =
Level III

All patients should receive OB monitoring throughout
their ED course.

Vanderbilt Adult Emergency Medicine Trauma and Burn Activation Criteria

Revised January 2026

- 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 $\geq 20\%$ TBSA burns combined with other injury/trauma



- 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
- Patient ≥ 20 weeks pregnant with all MOI other than ground level fall = Level II

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
- Patients ≥ 20 weeks pregnant with ground level fall = Level III

All Level 3 trauma patients ≥ 20 w
pregnant will have simultaneous
EDOBIA response

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

Level III Trauma Patient

ED Response Only

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.