

Vanderbilt Adult Emergency Medicine Trauma and Burn Activation Criteria

Revised January 2026

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.

- Any intubated patient transferred from a scene
- Any patient with an artificial airway (King, LMA, etc)
- Unsecured/Unstable Airway or CURRENT O2 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

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).

TRAUMA IN PREGNANCY

All Level I and Level 2 trauma patients ≥20 weeks pregnant 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.

- 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 ≥20w pregnant will have simultaneous EDOBIA response

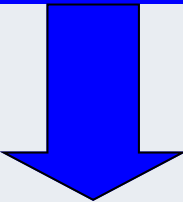


Level III Trauma Patient

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 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.