

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 or nonfatal drowning
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).

Vanderbilt Adult Emergency Medicine Trauma and Burn Activation Criteria

Revised July 2018

- 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)
- 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

- Heart Rate less than 120
- Glasgow Coma 14-15
- Awake, following commands
- 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 II Trauma Patient

Trauma Team Response
(no Trauma Attending)

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
- High Voltage Electrical Injury without trauma mechanism
- Any firefighter or first responder with burn or smoke injury

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.