

BUMC Trauma Activation Criteria

Always activate for the highest level met

<u>Level 1 Activation:</u>	
(15 minute response by ED trauma team, trauma residents & trauma attending)	
AIRWAY	
1.1	Actual or potential airway compromise
1.2	Endotracheal intubation (includes transfers-in that are intubated and stable)
BREATHING	
1.3	Respiratory compromise (obstruction, resp. distress, inhalation injury)
1.4	Respiratory rate <10 or >29
CIRCULATION	
1.5	Hypotension: Adults: SBP < 90 mmHg Age ≥60: SBP <110 mmHg Age <10: SBP <70mmHg + 2x age in yrs
1.6	HR <50 or >140
1.7	Post-traumatic arrest
DISABILITY	
1.8	GCS < or = to 10 secondary to trauma or decreasing level of consciousness
ANATOMIC	
1.9	GSW to Head, Neck, Torso (unless determined superficial at referring hospital or during evaluation in ED)
1.95	Penetrating injury to chest in the "box"
1.10	Evisceration
1.11	Amputation proximal to wrist or ankle
1.12	Any Level-2 Criteria PLUS Age ≥ 60
1.13	Any Level-2 Criteria PLUS History of anticoagulation therapy (other than ASA)
1.14	Any Level-2 Criteria PLUS Viable Fetus (≥20 wks)
1.15	Use of blood products for resuscitation at transferring facility or during transport
1.16	EM Physician discretion
BURN	
1.17	Burn > 20% TBSA

<u>Level 2 Activation:</u>	
(15 minute response by ED trauma team, 30 minute response by trauma residents)	
DISABILITY	
2.2	GCS 11-13 secondary to trauma
MECHANISM	
2.3	Auto pedestrian/Auto vs bicycle WITH *SIGNIFICANT identified injury
2.4	Motorcycle crash > 20 MPH WITH *SIGNIFICANT identified injury
ANATOMIC	
2.45	Non-superficial penetrating injury to head, neck, abd, or chest outside of the "box"
2.5	Multiple (≥ 2) long bone fractures (femur or humerus)
2.6	Pelvic fracture – displaced and/or pubic diastasis ONLY (excludes ground level falls)
2.7	Mangled extremity or vascular injury proximal to wrist or ankle** (includes use of tourniquet to control bleeding)
2.8	Pulseless extremity
2.9	Suspected spinal cord injury with MOTOR deficit (extremity weakness or paralysis)
2.10	Known <i>traumatic</i> Intracranial bleed on anticoagulants (other than ASA)
2.11	Positive FAST scan or hemoperitoneum on CT in the setting of presumed abdominal trauma
2.12	EM Physician discretion
BURN	
2.13	10-20% TBSA
2.14	2nd/3rd Degree burns to face, hands, feet, perineum, major joints
2.15	Explosion or entrapment
2.16	Suspected smoke inhalation
2.17	Circumferential burns to neck, chest, or extremity
2.18	High energy electrical injury (industrial, power lines, or lightning)

<u>TARDIS Activation:</u>	
(15 minute response by ED trauma team)	
DISABILITY	
TD.1	GCS 14 secondary to trauma
TD.2	Transfer-in with known traumatic ICH with GCS 14-15 not on anticoagulants
MECHANISM	
TD.3	Presumed abdominal injury (Significant abd pain or tenderness, seat belt sign, flank ecchymosis)
TD.4	Non-superficial penetrating injury to extremity proximal to the wrist/ankle
TD.5	High risk MVC with death in same passenger compartment or requiring extrication.
TD.6	High energy dissipation or rapid deceleration events, for example: -Ejection from vehicle, ATV, or horse -Blast or explosion not requiring Level 1 or 2 activation
TD.7	Traumatic mechanism with viable fetus (≥20 wks) without requiring Level 1 or 2 activation
TD.8	Suspected head trauma with history of anticoagulation
TD.9	Fall > 20 feet
TD.10	Near drowning or Hanging
ANATOMIC	
TD.11	Femur fracture secondary to trauma (excludes GLF's)
TD.12	Suspected SCI without motor deficits
TD.13	EM Physician discretion

***SIGNIFICANT trauma:**
 - injury that would require hospitalization
OR
 - injury deemed significant by EM MD that does not meet stipulated Level-2 criteria

****Vascular injury includes suspected aortic or blunt cerebrovascular injuries**