

**APPENDIX: 16****TITLE: Trauma Leveling Criteria****Updated: December 29, 2014**

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**Trauma Leveling Criteria for Field Providers****Level 1 Activation**

- SBP of 90 or less, respiratory rate <10 or >29
- Tachycardia HR >130 AND meet Level 2 criteria
- Age specific hypotension in children
  - <70mmHg + 2 x age)
  - HR > 200 or < 60
- Respiratory compromise/obstruction
- Intubation
- Inter-facility transfer pts receiving blood to maintain vital signs
- GCS 8 or less with mechanism attributed to trauma
- Major limb amputation
- Pregnancy >20 weeks gestation with leaking fluid or bleeding or abdominal pain that also meets Level 3 criteria
- Open skull fracture
- Paralysis and/or sensory deficit of an extremity
- Penetrating injury to abdomen, head, neck, chest or proximal limbs including the knee and elbow
- Emergency MD Discretion

**Level 2 Activation**

- GCS 9 to 13
- Chest tube/ Needle Thoracotomy
- Pelvic Fracture (suspected)
- Two obvious long bone fractures (femur/humerus)
- Flail Chest
- Near drowning
- Ejection from ENCLOSED vehicle
- Burns >20% BSA OR involvement of face, airway, hands, or genitalia

**Level 3 Activation**

- Death of same car occupant
- Extrication time > 20 minutes
- Fall 2 x patient's height
- Auto vs Bike OR Auto vs Pedestrian
- Non-enclosed wheeled or mechanized transport > 20 mph
- Horse ejection or rollover
- > 12" intrusion into occupant space or vehicle
- "Star" any window or windshield
- Rollover
- Broken/bent steering wheel
- Trauma mechanism w/ change in LOC
- Amputation of one or more digits
- 10-20% TBSA (second or third degree) and/or inhalation injury

**If one of the following is present increase to Level 2**

- Transfer from another facility
- Taking anti-coagulants (other than aspirin alone)
- Extremes of cold or heat w/prolonged exposure
- Extremes of age  $\leq 12$  or  $\geq 65$

**NOTE:** Level 3 criteria alone do not mandate transfer to the trauma center. The purpose of allowing medic discretion is to encourage initial triage of patients potentially requiring hospital admission to an appropriate receiving center and to give the provider a way to alert the hospital they are bringing in a trauma patient needing immediate evaluation.