

APPENDIX: O**TITLE: Trauma Leveling Criteria****Updated: July 1, 2013****Trauma Leveling Criteria for Field Providers****Level 1 Activation**

- SBP of 90 or less, respiratory rate >24, Tachycardia > 120 at any time in adults
- Age specific hypotension in children
 - <70mmHg + 2 x age)
 - HR > 200 or < 60
- Respiratory compromise/obstruction
- Intubation
- Inter-facility transfer patients receiving blood to maintain vital signs
- GCS 8 or less with mechanism attributed to trauma
- Major limb amputation
- Trauma Arrest
- Pregnancy >20 weeks gestation with leaking fluid or bleeding or abdominal pain that also meets Level 3 criteria
- Spinal cord injury with neurologic abnormality
- Penetrating injury to abdomen, head, neck, chest or proximal limbs including the knee and elbow
- Emergency Physician 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
- Cervical fracture
- Ejection from enclosed vehicle
- Burns >20% 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
- Motorcycle/ ATV/snowmobile /jet ski "crashes"
- Horse ejection or rollover
- > 12" intrusion into occupant space or vehicle
- "Star" any window shield
- Rollover
- Broken / Bent steering wheel
- Assault w/ change in LOC
- Amputation of one or more digits
- Second or third degree burns < 10-20%

APPENDIX

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SARMC TRAUMA LEVELING

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

- Transfer from another facility
- Co-morbidities (Anti-coagulants, COPD, diabetes, CHF, etc.)
- Extremes of cold or heat w/prolonged exposure
- Presence of intoxicants or illicit drugs
- Extremes of age ≤ 12 or ≥ 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.

Call-in / Bedside Template	Medical	Trauma
Unit #:	✓	✓
Patient Age:	✓	✓
Patient Gender:	✓	✓
Chief Complaint:	✓	
Mechanism of Injury:		✓
Pertinent Exam Finding:	✓	
Pertinent Injury Finding:		✓
Vital Signs: <i>(complete set)</i>	✓	✓
Treatment based on clinical impression:	✓	✓
ETA:	✓	✓
(Stay on Hospital Frequency)	✓	✓

Call-in / Bedside Template	Trauma Leveling	STEMI	Brain Attack
Unit #:	✓	✓	✓
Announce : Trauma Leveling# / "STEMI" / Brain Attack: <i>(Justified by announcing criteria)</i>	✓	✓	✓
Patient Age:	✓	✓	✓
Patient Gender:	✓	✓	✓
Mechanism of Injury:	✓		
Stable vs. Unstable		✓	
Last seen normal <i>(time/place)</i>			✓
Pertinent Exam Finding:		✓	✓
Pertinent Injury Finding:	✓		
Vital Signs: <i>(complete set; with the LOWEST B/P recorded or any hypotension)</i>	✓	✓	✓
Treatment based on clinical impression:	✓	✓	✓
Name of Cardiologist		✓	
ETA:	✓	✓	✓
(Stay on Hospital Frequency):	✓	✓	✓