**CLINICAL PRACTICE GUIDELINE: Trauma Activation Criteria**

**STANDARD:**

In Level I and II trauma centers, the highest level of activation requires the response of the full trauma team within 15 minutes of arrival of the patient, and the criteria should include physiologic criteria and some or several of the anatomic criteria (CD 5–14). The limited response criteria may include some anatomic criteria, as well as high-risk mechanisms of injury.

**DEFINITIONS:**

**GUIDELINES:**

<table>
<thead>
<tr>
<th><strong>Adult Trauma Code Criteria – Age 15 - 69</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Level I Trauma Criteria</strong></td>
</tr>
</tbody>
</table>

### Airway
- Patient intubated at the scene
- Intubated patients transferred from an outside hospital with a spontaneous respiratory rate <8 or >15
- Airway compromise or high risk of impending airway compromise such as:
  - Significant intra-oral/airway bleeding
  - Inhalation injury with respiratory compromise
  - Facial burns (3rd degree)
  - Vomiting with altered mental status/combative behavior

### Breathing
- Respiratory arrest
- Respiratory rate < 8 or > 30

### Circulation
- Confirmed blood pressure less than 90 mm Hg at any time
- HR > 120

### Neurological
- Coma Scale score less than 9 (at any point) with mechanism attributed to trauma
- Open or depressed skull fracture
- Spinal cord injury

### Anatomic Diagnosis
- Penetrating trauma (including gunshot wounds, stab wounds, impalements, etc.) to head, neck, torso, or groin (unless obvious or known superficial injury)
- Partial or complete amputation of major limb (not isolated hand/finger injury)
# Adult Trauma Code Criteria – Age 15 – 69 (continued)

## Level I Trauma Criteria (continued)

### Pregnant Trauma Patients

>23 weeks (Fundus palpable at or above umbilicus) Meeting Level I or Level II criteria

### Burns

- Any burn patient who also meets level I criteria

Transfer patients from other hospitals receiving blood or pressors to maintain vital signs

Emergency physician’s discretion

**May upgrade any level per ED Physician Discretion**

## Geriatric Level I Trauma Criteria – Age ≥70

### Airway

- Intubated patients transferred from the scene - OR - Patients who have respiratory compromise or are in need of an emergent airway Includes intubated patients who are transferred from another facility with ongoing respiratory compromise (does not include patients intubated at another facility who are now stable from a respiratory standpoint)
- Airway compromise or high risk of impending airway compromise such as:
  - Significant intra-oral/airway bleeding
  - Inhalation injury with respiratory compromise
  - Facial burns (3rd degree)
  - Vomiting with altered mental status/combative behavior

### Breathing

- Ongoing respiratory compromise
- Respiratory Arrest
- Respiratory rate < 8 or > 15

### Circulation

- SBP < 110
- HR < 60 or > 100

### Neurological

- Open or depressed skull fracture
- Coma Scale score less than 9 (at any point) with mechanism attributed to trauma

### Anatomic

- Penetrating trauma (including gunshot wounds, stab wounds, impalements, etc.) to head, neck, torso, or groin (unless obvious or known superficial injury)
- Partial or complete amputation of major limb (not isolated hand/finger injury)

### Mechanism

- High risk MVC (death of another occupant, intrusion of 12 inches in passenger compartment).

**May upgrade any level per ED physicians discretion**
**Level II Trauma Criteria**

**Trauma Patients who meet any of the following and do not meet any Level I Criteria:**

Airway
- Intubated patients transferred from an outside hospital with a spontaneous respiratory rate < 9 or > 14

Mechanism
- Fall from height > 20 ft
- Auto vs. pedestrian/bicyclist thrown, run over, or with significant impact > 20 mph
- High risk MVC (death of another occupant, intrusion of 12 inches in passenger compartment).
- Motorcycle, ATV or snowmobile crash > 20 mph

Neurological
- GCS between 10 and 13

Anatomic
- Suspected or actual unstable pelvis without hypotension
- 2 or more proximal long bone fractures (humerus or femur)
- Open long bone fracture (humerus or femur)
- Severe maxillofacial trauma

Burns
- Burns with greater than or equal to 20% TBSA

**May upgrade any level per ED Physician Discretion**
## Level III Trauma Criteria (Consult)

**Trauma Patients with any of the following and who do not meet Level I or Level II:**

- Admission to a non-surgical service with a traumatic mechanism of injury such as a low fall with injuries requiring admission for management of those injuries or fractured hip. Apparent single system injury such as a head bleed with history of fall. Patients who are admitted to a non-surgical service based on UUH interdepartmental or transfer center guidelines are excluded.
- Prolonged extrication time, > 20 minutes
- Patient with traumatic mechanism of injury with intracranial, intrathoracic, intraabdominal or pelvic injuries that require admission to any service. Patients who are admitted to a non-surgical service based on UUH interdepartmental or transfer center guidelines are excluded.
- Patient over 70 years of age with traumatic mechanism of injury who requires admission for management of their injuries
- Transfer from another hospital with multi-system injuries
- High risk MVC (death of another occupant, intrusion of 12 inches in passenger compartment, ejected from another vehicle, rollover)
- Fall in patient with current use of anticoagulants who requires admission for management of their injuries
- End-stage renal disease patients requiring dialysis

**May upgrade any level per ED Physician discretion**

---

### MONITORING PERFORMANCE IN PI PROGRAM

For Level I, II, and III trauma centers, it is expected that the trauma surgeon be in the emergency department on patient arrival, with adequate notification from the field. For Level I and II trauma centers, the maximum acceptable response time is 15 minutes. Response time will be tracked from patient arrival rather than from notification or activation. An 80 percent attendance threshold must be met for the highest-level activations (CD 2–8).

### REFERENCES:
