

**Policy Number:** CM T-28

**Approved by:** Nursing Congress, Management Forum

**Issue Date:** 09/1999

**Applies to:** Downtown

**Value(s):** *Respect, Integrity, Innovation*

**Page(s):** 1 of 4

## Trauma System Activation – Trauma Code Criteria

<b>Review Date:</b>	<b>Change Description:</b>
07/26/2016	
<b>Revised Date:</b>	<b>Change Description:</b>
07/26/2016	Rewrote policy, updated Code Criteria for Adult and Peds in policy; revised procedure steps

**Applies to:**

**This policy applies to the downtown campus only.**

**Policy:**

The Trauma System is the comprehensive trauma team and resources necessary to care for our trauma patients. This comprehensive team includes but is not limited to: Emergency Department, EMS, trauma surgery, radiology, Adult/Pediatric OR, SICU/PICU, inpatient floors and acute rehabilitation. In order for the Trauma System to function optimally, early activation of the system is necessary. Trauma codes will be activated according to the trauma code criteria by the Emergency Department Attending or ED RN in accordance with Procedure [PROC CM T-28A](#). The trauma activation or consult will be documented in Epic by ED Registration. The trauma level activated cannot be downgraded once activated. It can be upgraded based on discretion.

**Process:**

See Procedure CM T-28A

**Criteria:**

## **Adult Trauma Code Criteria – Age 15 - 69**

### **Level I Trauma Criteria**

**Airway**

- In need of emergent airway
- Intubated in the field

**Breathing**

- Ongoing respiratory compromise
- Respiratory arrest

**Circulation**

- SBP < 90
- Clinical Signs of Shock

**Neurological**

- GCS <=9
- Open skull fracture

**Anatomic Diagnosis**

- Penetrating trauma to head, neck, torso, groin or proximal to knee or elbow (unless obvious or known superficial injury only)
- Partial or complete amputation of major limb (not isolated hand/finger injury)

**Pregnant Trauma Patients**

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

**Burns who also meet other Level I trauma criteria**

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

### **Geriatric Level I Trauma Criteria – Age >70**

**Airway**

- In need of emergent airway
- Intubated in the field

**Breathing**

- Ongoing respiratory compromise
- Respiratory Arrest

**Circulation**

- SBP <100
- Clinical Signs of Shock

**Neurological**

- GCS <=9
- Open skull fracture

**Anatomic**

- Penetrating trauma to head, neck, torso, groin or proximal to knee or elbow (unless obvious or known superficial injury only)
- 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, ejected from another vehicle, rollover)

**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:

- Intubated inter-facility , otherwise stable, who also doesn't meet any level 1 criteria
- Depressed skull fracture
- Fall from height (> 15 ft)
- Severe maxillofacial trauma
- Pedestrian struck – thrown, run over with significant impact (>20 mph)
- Motorcycle, ATV or snowmobile crash with severe injury
- Suspected or actual unstable pelvis without hypotension
- Blast injury
- Suspected or actual spinal cord injury
- 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:

- Prolonged extrication time
- Patient with traumatic mechanism of injury who will be admitted to any service Patient over 70 years of age with traumatic mechanism of injury who will be admitted
- Transfer from another hospital
- High risk MVC (death of another occupant, intrusion of 12 inches in passenger compartment, ejected from another vehicle, rollover)
- Fall in patient taking anticoagulant
- May upgrade any level per ED Physician discretion

# Pediatric Trauma Code Criteria- Age 0 - 14

## Level I Trauma Criteria

### Airway

- Intubated/assisted ventilation

### Breathing

- Respiratory arrest
- Respiratory distress (ineffective respiratory effort, stridor or grunting)

Age                      Respiratory Rate

0-5 mos.	< 20
6 mos.-12 yrs.	< 16
13 yr-14 yr	< 12

### Circulation

- Clinical signs of shock (pale, cold; clammy; tachycardia with weak pulses; capillary refill > 3 sec assuming a warm environment)
- Patients who are receiving blood

Age                      SBP                      Pulse

0-5 mos.	< 60	
6 mos.-5 yr	< 70	<70
6 yr-14 yr	< 80	< 60

### Neurological

- GCS <= 12

### Anatomic Diagnosis

- Penetrating injury to head, neck, torso, groin, extremities proximal to elbow/knee
- Flail chest
- Open chest wound

### Burns who also meet other Level I trauma criteria

May upgrade any level per ED Physician Discretion

## Level II Trauma Criteria

Trauma patients with any of the following and who *do not* meet Level I:

- Open or depressed skull fracture – blunt trauma
- Suspected spine or spinal cord injury
- Bilateral femur fractures
- Pelvis fracture
- Complete/partial amputation or de-gloving above the wrist or above the ankle
- Significant, blunt maxillofacial injury
- 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:

- Falls over 10 feet
- Crash speed over 20 mph
- Passenger ejected from vehicle
- Vehicle roll-over
- Death or severe injury of same car occupant
- Pedestrian struck at 20 mph or greater
- Prolonged extrication >20min
- Passenger compartment invaded >12 inches
- Injured patient needing admission to non-surgical service

May upgrade any level per ED Physician Discretion

**Corresponding Clinical Procedure(s):**

Trauma Code Criteria and Activation, [PROC CM T-28A](#)

**Patient Education/Related Resources:**

None

**Form Name(s) and Number(s):**

None

**Originating Department:** Trauma Service

**Contributing Department(s):** Emergency Medicine, Adult Trauma Systems Committee, Pediatric Trauma Systems Committee, Emergency Department Nursing, **ED Registration**

**Evidence-Based Reference(s) for Policy:**

Rotondo, M., Cribari, C., Smith, R. S. (Eds.). (2014). *Resources for optimal care of the injured patients*. Chicago, IL: American College of Surgeons.

Williams, D., Foglia, R., Megison, S., Garcia, N., Foglia, M., & Vinson, L. (2011). Trauma activation: are we making the right call? A 3-year experience at a Level I pediatric trauma center. *Journal of Pediatric Surgery*, 46, 1985-1991. doi:10.1016/j.jpedsurg.2011.06.001

**Evidence-Based Reference(s) for Procedure:**

None