## Trauma Activation Criteria

## Trauma Stat:

- Any penetrating injury to head, neck, trunk, back, flanks, axilla, or groin
- Respiratory difficulty as evidenced by one or more of the following:
  - Significant increase or decrease in respiratory rate
  - Significant retractions or grunting
  - o Patient intubated prior to arrival
  - o Unable to maintain or difficult airway
- Tachycardia (without significant pain or crying as a source) or poor perfusion
- Hypotension
- Blood given prior to the patient's arrival
- 40 mL/kg bolus given prior to arrival
- Glasgow Coma Score (GCS) ≤8
- GCS deterioration by 2
- Hypothermic arrest

### **OR** Resuscitation:

- Full arrest with pre-hospital signs of life following a non-cranial, penetrating chest, abdominal, back, flank, axilla, or groin injury
- Penetrating injury unresponsive to 40 mL/kg fluid administration
- At the discretion of the ED and surgical attending

## Trauma Alert:

- Evidence of abdominal injury on physical exam without hemodynamic compromise
  - o Abdominal tenderness upon palpation
  - o Abdominal bruising or seatbelt mark
  - Intra-abdominal injury confirmed by imaging prior to arrival
- GCS 9 − 13
- Suspected spinal cord injury <u>with</u> neurologic deficit
- Two or more proximal long bone fractures
- Vascular injury to an extremity with impaired perfusion (e.g., posterior knee dislocation, penetrating injury)
- Amputation of extremity (excluding digits)
- Tourniquet application prior to arrival
- Partial or full thickness burn of ≥10% TBSA
- Emergency Department discretion

# Normal Vital Signs Table Modified from PALS 2020

	Heart Rate	Respiratory Rate	Systolic Blood Pressure
Infant (1 – 12 month)	90 – 180	30 – 53	>70
Toddler (1 – 2 years)	80 – 140	22 – 37	>70
Preschool (3 – 5 years)	65 – 120	20 – 28	>80
School-Age (6 – 12 years)	58 – 118	18 – 25	>85
Adolescent (12+ years)	50 - 100	12 - 20	>90

### Trauma Evaluation:

- Mechanism of Injury
  - o Motor vehicle collision
  - Struck or run over by motor vehicle (pedestrian or bike)
  - Fall greater than 5 feet or 2x patient's height (whichever is smaller)
  - O Any mechanism deemed to place the patient at risk for multi-system injury
- Head injury with GCS ≥14 <u>AND</u> any of the following:
  - Do LOC of more than 5 seconds
  - o Multiple episodes of vomiting
  - Severe headache
  - o Altered mental status
  - O Signs of basilar skull fracture (i.e., bruising around eyes or behind ears)
- Any patient immobilized with a backboard and/or cervical collar
- Partial or full thickness burn between 5% and 9% TBSA
- Any burn less than 5% requiring immediate pain management
- GSW (non-BB) to an extremity

<sup>\*</sup>The trauma team should be activated for any patient who meets criteria regardless of prior evaluation at an outside facility\*