

**TRAUMA ACTIVATION PROTOCOL**

**PHYSIOLOGY CRITERIA**

- Confirmed Systolic Blood Pressure <90 in an adult OR Systolic Blood Pressure <110 in older adult age 65+
- Age specific hypotension or delayed capillary refill in children
- Respiratory rate <10 or >29 or compromised/obstruction and/or intubation
- Glasgow Coma Scale <9
- Traumatic Cardiopulmonary arrest

**FULL TRAUMA RESPONSE**

**ANATOMIC CRITERIA**

- Paralysis or suspected spinal cord injury
- Burns, Second and Third Degree > 25% BSA or facial burns with or without airway compromise
- Flail Chest
- Two or more proximal long bone fractures (humerus or femur)
- Unstable pelvic fracture
- Drowning with evidence of C-Spine involvement
- Amputation (other than digits; unless uncontrolled bleeding)
- Crushed, degloved, or mangled extremity
- Penetrating injury to head, neck, or torso
- All Trauma patients with uncontrolled external bleeding
- Pregnant patient 20 weeks or greater with mechanism attributed to trauma and has vaginal bleeding, abdominal pain and/or injury – automatic activation of Obstetrics.
- Any patient transferred from other hospitals via helicopter or receiving blood to maintain vital signs
- If the patient does not meet the above criteria for a FULL Trauma, the Emergency Department (ED) physician can activate the FULL Trauma at their discretion. Or more than 3 MODIFIED Trauma's present simultaneously.

**PHYSIOLOGY CRITERIA**

- Glasgow Coma Scale >9 and <13
- Related to loss of consciousness with Glasgow scale 13-14

**MODIFIED TRAUMA RESPONSE**

**ANATOMIC CRITERIA**

- Burns, Second or Third Degree >10-24% of BSA and/or inhalation injury or high energy electrical injury
- Pelvic Fracture with other related injuries
- Penetrating injury to extremities
- Fracture with evidence of possible vascular injury despite traction or reduction

**MECHANISM OF INJURY**

- Auto-pedestrian/Auto-bicycle injury thrown; run over; significant impact >20 mph
- High risk auto crash with intrusion >12" in occupant side or 18" in other site; partial or complete ejection of patient from vehicle; death in the same passenger compartment
- High energy dissipation or rapid deceleration; Ejection from ATV striking fixed object with momentum; blast or explosion
- Fall from a height adult > 20 feet; child > 10 feet or a distance >3X their size
- Unrestrained occupant involved in a MVC roll-over
- Motorcycle crash >20 mph
- If the patient does not meet the above criteria for a MODIFIED Trauma, the Emergency Department (ED) physician and/or the ED Charge Nurse can activate the MODIFIED Trauma at his/her discretion
- Trauma mechanism plus physical findings leading to chest or abdominal CT scan
- Blunt abdominal injury with from or distended abdomen or seatbelt sign
- Suspected non-accidental trauma

**HEAD INJURY ALERT**

- 65+ yrs. old, fall from any height if anticoagulated with GCS of 14-15 and evidence of a Head Injury within past 24 hours (anticoagulants: Coumadin (warfarin), Plavix (clopidogrel), Eliquis (apixaban), Xarelto (rivaroxaban), & Pradaxa (dabigatran))