

- 1. Pulseless Arrest with Active CPR**
- EMS CPR > 10 minutes with pulseless arrest outcomes are poor regardless of mechanism, consider ALERT
 - POV arrival or arrest in ED, STAT regardless of CPR time or mechanism

- 2. Ventilation Compromise**
- Intubated
 - Assisted Ventilation
 - Oropharyngeal / Nasal Airway
 - Stridor
 - Grunting
 - Retractions
 - Accessory Muscle Use
 - Needle / Tube Thoracostomy
 - Facial / Neck Injury

- 3. Shock**
- Age Specific Hypotension
 - Fluids / Meds to Maintain Normal BP
 - Age Specific Tachycardia with:
 - Decreased GCS
 - Capillary Refill > 2 sec
 - Mottling
 - Cool Extremities

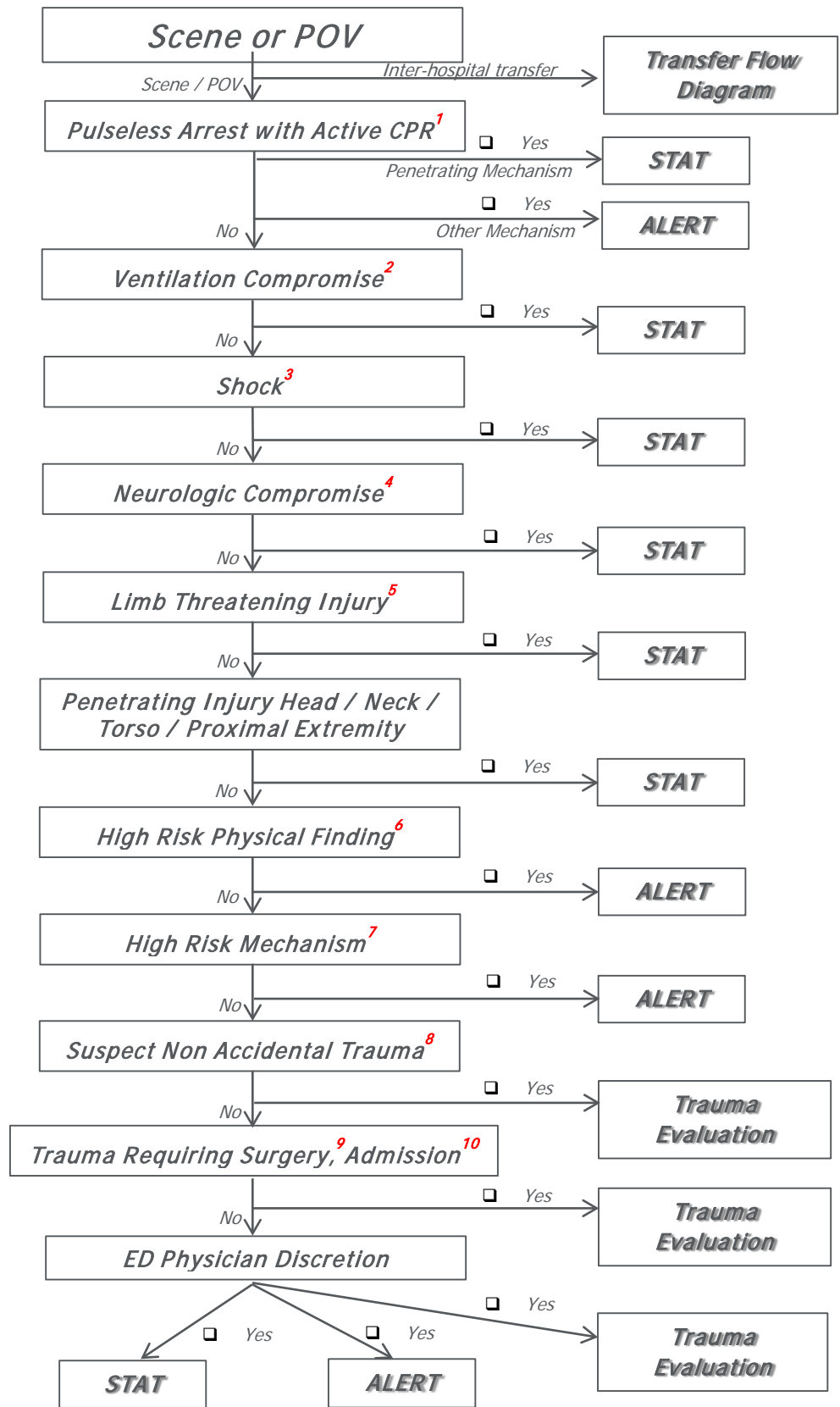
- 4. Neurologic Compromise**
- GCS < 9
 - AVPU = "U" (unresponsive)
 - Paralysis / Bilateral Paresthesia
 - GCS Motor Score < 4

- 5. Limb Threatening Injury**
- Partial / Complete Amputation or Degloving Proximal to Wrist / Ankle
 - Mangled Extremity

- 6. High Risk Physical Finding**
- Open / Depressed Skull Fracture
 - GCS 9 – 14
 - Combative / Disoriented / Confused
 - Unilateral Weakness / Paresthesia
 - Abdominal pain / Bruising
 - Seat belt sign
 - Pelvic fracture
 - Long bone fracture ≥2 extremities
 - Pulseless extremity with concern for multiple injuries (pulseless isolated extremity fracture = Ortho Alert)

- 7. High Risk Mechanism**
- May consider Trauma Evaluation appropriate if time from injury > 24 hours
- MVC > 60 mph
 - MVC vs. Pedestrian > 20 mph
 - MVC vs. Pedestrian run over / dragged
 - ATV
 - Any motorized vehicle with ejection
 - Fall > 20 feet
 - Crush Injury
 - Burns > 20% total body surface area

- 8. Suspect Non Accidental Trauma**
- Trauma Evaluation for NAT if:
 - STAT / ALERT criteria not met, and
 - Admission anticipated.
 - NAT patients who meet dismissal criteria from the Edo do not require Trauma Evaluation if:
 - CARE Team / CPS consulted, and
 - Follow-up plan established.



- 9. Trauma Requiring Surgery**
- Trauma patients requiring subspecialty surgery require Trauma Evaluation if:
- Potential for multisystem injury
 - Subspecialty service request

- 10. Trauma Requiring Admission**
- Trauma patients with isolated injuries may be admitted to subspecialty surgery services without Trauma Evaluation
 - ACS requires < 10% of all Trauma admits to non-surgical service .

1. Time From Injury > 24 Hours

- Multisystem injury / NAT patients refer to Trauma NP / PA / Surgeon
- Isolated injury patients refer to appropriate subspecialty Surgery service
- PICU transfer referral to PICU service and accepting surgical service

2. Pulseless Arrest with Active CPR, Untreated Ventilation Compromise, or Untreated Shock

- These patients may be best served by further surgical stabilization at the referring facility prior for transport.
- Discussion between Trauma NP / PA / Surgeon and referring MD should occur to determine appropriateness of transfer and Trauma Activation Level.
- Untreated Ventilation Compromise:
 - Not intubated with:
 - Stridor
 - Grunting
 - Retractions
 - Accessory Muscle Use
 - Facial / Neck Injury
 - Pneumothorax without chest tube
- Untreated Shock:
 - Age specific hypotension*
 - Fluids / Blood / Meds to Maintain Normal BP*

3. Intubated and Stable

- Stability:
 - Normal ventilation / oxygenation
 - Normal BP* not maintained by Fluids / Blood / Meds
 - Age Specific Tachycardia* with:
 - GCS > 8 or 3T, and
 - Capillary Refill > 2 sec, and
 - No Mottling or Cool Extremities

4. Spinal Cord / Limb Threatening Injury

- Spinal cord injury:
 - Paralysis / Bilateral Paresthesias
 - CT / MRI imaging identified injury
- Limb threatening injury:
 - Partial / Complete Amputation or Degloving Proximal to Ankle / Wrist
 - Mangled Extremity

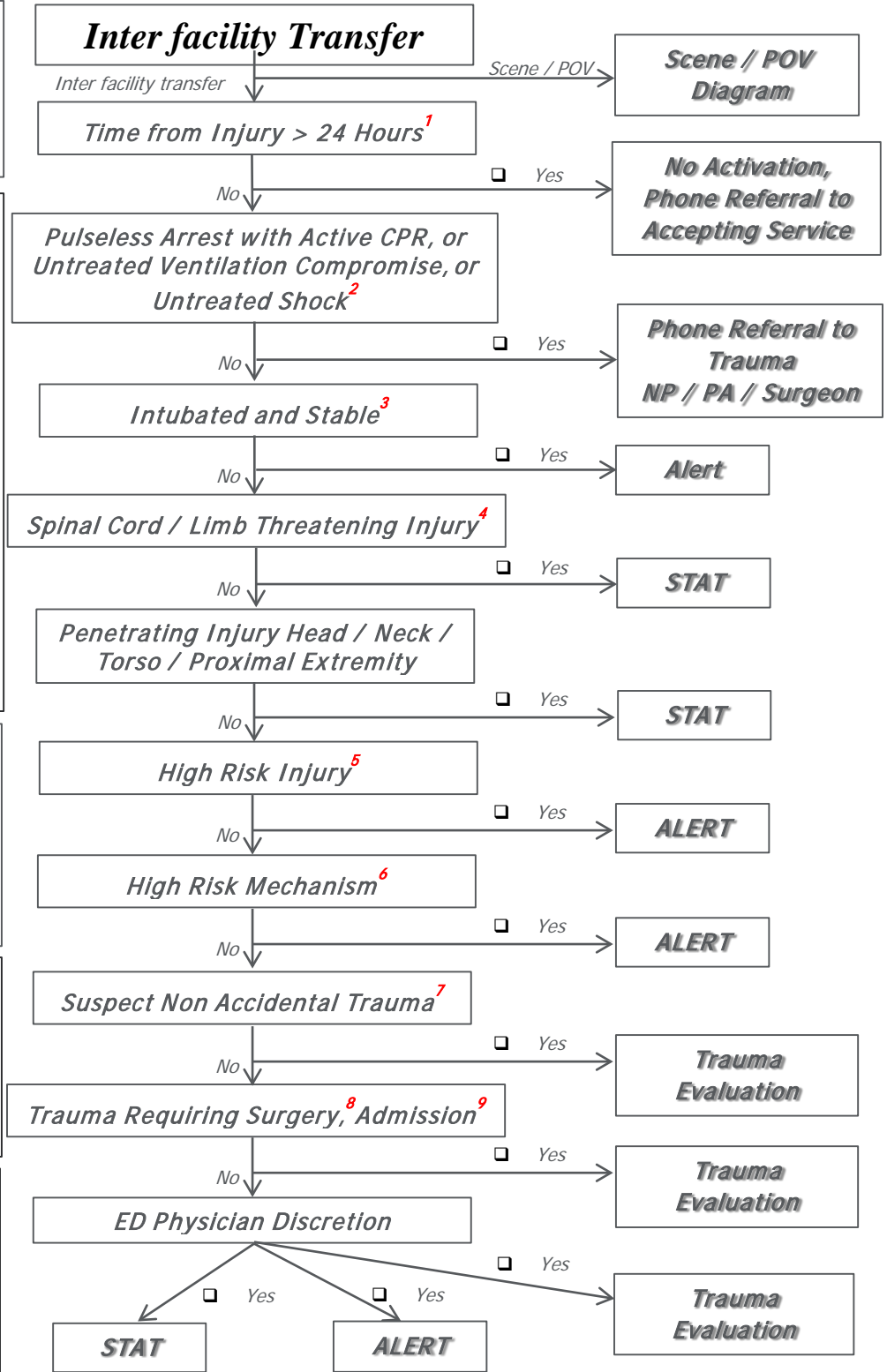
5. High Risk Injury

- Open / Depressed Skull Fracture
- Intracranial hemorrhage
- Abdominal solid / hollow organ injury
- Pulmonary contusion
- Pelvic fracture
- Long bone fracture ≥2 extremities
- Pulseless extremity with concern for multiple injuries (pulseless isolated extremity fracture = Ortho Alert)
- Abdominal pain / bruising / seat belt sign

6. High Risk Mechanism

May consider Trauma Evaluation appropriate if time from injury > 24 hours

- MVC > 60 mph
- MVC vs. Pedestrian > 20 mph
- MVC vs. Pedestrian run over / dragged
- ATV
- Any motorized vehicle with ejection
- Fall > 20 feet
- Crush Injury
- Burns > 20% total body surface area



7. Suspect Non Accidental Trauma

- c) Trauma Evaluation for NAT if:
 - STAT / ALERT criteria not met, and
 - Admission anticipated.
- d) NAT patients who meet dismissal criteria from the ED do not require Trauma Evaluation if:
 - CARE Team / CPS consulted, and
 - Follow-up plan established.

8. Trauma Requiring Surgery

Trauma patients requiring subspecialty surgery require Trauma Evaluation if:

- c) Potential for multisystem injury
- d) Subspecialty service request

9. Trauma Requiring Admission

- c) Trauma patients with isolated injuries may be admitted to subspecialty surgery services without Trauma Evaluation
- d) ACS requires < 10% of all Trauma admits to non-surgical service .