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
   a) Trauma Evaluation for NAT if:
      - STAT / ALERT criteria not met, and
      - Admission anticipated.
   b) NAT patients who meet dismissal criteria from the Eddo 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:
     a) Potential for multisystem injury
     b) 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.
Trauma Team activation Algorithm - Attachment 1

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 to 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**
   - Trauma Evaluation for NAT if:
     - STAT / ALERT criteria not met, and
     - Admission anticipated.
   - NAT patients who meet dismissal criteria from the ED do not require Trauma Evaluation if:
     - CARE Team / CPS consulted, and
     - Follow-up plan established.
   - Potential for multisystem injury
   - Subspecialty service request

8. **Trauma Requiring Surgery**
   - Trauma patients requiring subspecialty surgery require Trauma Evaluation if:
     - ACS requires < 10% of all Trauma admits

9. **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