# Trauma Activation Criteria

<table>
<thead>
<tr>
<th><strong>TRAUMA CODE</strong></th>
<th><strong>TRAUMA ALERT</strong></th>
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<tbody>
<tr>
<td><strong>Criteria:</strong> Unstable</td>
<td><strong>Criteria:</strong> Stable</td>
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## Airway*
- Intubation/assisted ventilation
- Significant maxillofacial injury with potential airway obstruction

## Breathing*
- Respiratory arrest with trauma
- Respiratory distress (ineffective respiratory effort, stridor or grunting) with trauma

## Circulation: PALS Criteria for Shock*

**0-28 days**
- Systolic BP less than 60

**1 month - 10 years of age**
- Systolic BP less than: BP 70 + 2x age years

**10 years and older**
- Systolic BP less than 90
- Clinical signs of shock
  - Pale; cold; clammy; tachycardia with weak pulses; capillary refill greater than 3 sec assuming a warm environment;
  - Depressed mental status; tachypnea
- Transfer from another hospital receiving blood, fluids, or medications to maintain vital signs*

## Neurological
- GCS less than or equal to 8*
- Suspected spinal cord injury associated with neurological deficits
- Suspected head injury (GCS <12) with major torso or extremity injury

## Specific Traumatic Injury
- Penetrating injury to head, neck, torso, groin (GSW, impaling injuries)*
- Open chest wound
- High voltage electrical and lightning injuries
- Any burn with hypotension or threatened airway patency
- Amputation proximal to ankle/wrist
- Flail chest

## Other
- Request of **Trauma Code** by pre-hospital providers according to EMS protocols
- Emergency Physician's Discretion*

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- Suspicion of confirmed non-accidental trauma requiring admission
- Any trauma related injury where two or more systems are involved
- Stable trauma transfers excluding single system injuries
- Partial thickness burns not meeting alert or code criteria
- Any trauma service admission that is not an alert or code
- Emergency Physician's Discretion

*Mandatory criteria as defined by ACS

Mar-14