

Reminders:

- All transfers leveled according to criteria
- Once activated, no downgrades should occur
 - If patient was misleveled by criteria, their level may be corrected to the appropriate level
- If patient condition deteriorates, upgrade to Level I
- If patient receiving blood products, they are a Level I
- Attending on call pager number – 253-2281

Revised Trauma Score

GCS Value	SBP Value	RR Value
13-15 = 4	> 89 = 4	10-29 = 4
9-12 = 3	76-89 = 3	> 29 = 3
6-8 = 2	50-75 = 2	6-9 = 2
4-5 = 1	1-49 = 1	1-5 = 1
3 = 0	0 = 0	0 = 0

Trauma Documentation Checklist

Triage Tab

- ✓ Mechanism of injury
- ✓ EMS provider (if applicable)
- ✓ Appropriate trauma level according to trauma leveling criteria
- ✓ Order trauma panel on all Level 1 traumas
- ✓ HPI or History of presenting illness
- ✓ Date of injury and time (if known)

Trauma Tab

- ✓ EMS pre-hospital information
- ✓ Mechanism of injury
- ✓ Primary Survey
 - ✓ Name of trauma attending AND time of arrival (Level 1 and 2A's only)
- ✓ Secondary Survey
 - ✓ Full set of vitals on arrival
 - ✓ GCS on arrival
 - ✓ RTS on arrival
 - ✓ Full set of vitals prior to dispo from ED
 - ✓ GCS prior to dispo from ED
- ✓ Dispo with location AND accurate date/time

Barnes-Jewish Hospital Trauma Leveling Criteria

Time frame: 48 hours or less. (Exception: Transfers)

• Level 1 paging format - ETA, MOI, SBP, P & R (if known), known injuries — When transfers arrive, still need full information paged out

LEVEL I Trauma

Immediately Activate the Level I Trauma Pager

- Glasgow Coma Scale . . . <14 (at time of report)
- Systolic blood pressure <90
- Respiratory rate. . . . <10 or >29

OR

- Airway compromise or obstruction, flail chest, hemo or pneumothorax, patients intubated prehospital.
- Uncontrolled hemorrhage or receiving blood
- Penetrating injuries to head, neck, T-shirt or boxer short coverage areas.
- Extremity trauma with loss of distal pulse
- Amputation/near amputation proximal to wrist or ankle
- Paralysis or signs of spinal cord or cranial nerve injury (temporal bone fx)
- Major burns of $\geq 20\%$ BSA
- Any signs of inhalation injury
- Electrical injury ≥ 200 volts (does not incl Taser injury)
- Two or more long-bone fractures (humerus/femur)
- Pelvic fractures (known on arrival)
- Open or depressed skull fractures (known on arrival)

LEVEL II-A Trauma

Activate the Level II-A Trauma Pager on arrival

- Fall ≥ 20 feet/steps
- High-risk auto crash:
 - Intrusion > 12 inches
 - Ejection (partial or complete)
 - Rollover
 - Death in same passenger compartment
 - MVC ≥ 40 MPH
- High-risk pedestrian, cycle, ATV crash:
 - Auto v. Ped/bicyclist thrown, run over or with significant (≥ 20 MPH) impact
 - Motorcycle or ATV ≥ 20 MPH with separation of rider
 - Any ATV crash with rollover
- Open fractures proximal to wrist or ankle (except known open skull fractures=Level I)
- Crushed, degloved or mangled extremity
- One proximal long-bone fracture
- Assault or Blunt trauma with prolonged LOC (>5 min.)
- Burns 10-20% BSA with associated injuries

LEVEL II-E Trauma

Surgery Consult for all admissions or at EM physician request prior to discharge

- Penetrating injuries distal to T-shirt or boxer short coverage area and proximal to wrist and ankle
- Pregnancy in traumatic event with acute abdominal pain
- Moderate-risk crash:
 - Motorcycle or ATV crash ≥ 20 MPH without separation of rider or <20 MPH with separation of rider
- Trauma with associated medical conditions:
 - Age >55
 - Anticoagulation and bleeding disorder
 - End-stage renal disease requiring dialysis

LEVEL III Trauma

Surgery Consult at EM physician request

- Pregnancy in traumatic event without acute abdominal pain
- Lower-risk crash:
 - MVC <40 MPH or Unk speed
 - Auto v. Pedestrian/bicyclist <20 MPH
 - Motorcycle or ATV crash <20 MPH without separation of rider
- Falls <20 feet/steps
- Burns <10% without associated injuries
- Amputation distal to wrist or ankle
- Penetrating injury/open fracture distal to wrist or ankle
- Assault or Blunt trauma without prolonged LOC (<5 min.)
- Near drowning/Near hanging
- Taser injury
- Hypothermia <34 C
- Venomous Bites
- Lacerations other than to neck and torso
- Sports Injuries
- Suspected child or elder abuse
- Injury with unspecified or unk mechanism
- At paramedic discretion

Upgrading should occur: • If the patient's physiologic condition deteriorates after arrival • If the ED physician feels the patient requires emergent multidisciplinary care.