

Trauma Alert/Activation Criteria

Trauma Activation	
1. Physiologic	✓
a. Airway: Unstable airway, intubated or assisted ventilation, respiratory rate (< 10 or > 29)	
b. Confirmed hypotension	
i. ANY trauma with a confirmed Systolic Blood Pressure (SBP) ≤ 90mmHg (or SBP considered hypotensive if < 10 y/o)	
ii. Or SBP ≤ 110 if ≥ 65 years old	
c. Glasgow Coma Score (GCS) < 9	
d. Transfer patients from other facilities receiving blood en route to maintain vital signs	
e. Deterioration of a previously stable patient	
2. Anatomic	
a. GSW injury to head, neck, chest, abdomen or extremity at/or above elbow or knee	
b. Multiple casualty incident (≥ 3 victims meeting alert criteria)	
c. Mechanically unstable pelvic injury (open or obvious by physical exam)	
d. Amputation or mangled extremity at/or above the ankle or wrist, crushed, degloved or pulseless extremity	
3. TACS staff, EM attending OR senior resident may upgrade patients with concerning findings or for need for additional resources at their discretion	

Trauma Alert	
1. Physiologic	✓
a. Heart rate ≥ 120	
b. GCS ≤ 13 and ≥ 9	
2. Anatomic	
a. Stab wound to neck torso or groin in absence of hypotension	
b. Open or depressed skull fracture, penetrating skull injury	
c. New focal neurologic deficit (i.e., paralysis, sensory deficit, suspected spinal cord injury)	
d. Pelvic fracture confirmed radiographically	
e. ≥ 2 closed long bone fractures	
f. Open long bone fracture	
g. Partial, deep partial or full thickness (“2 nd or 3 rd degree”) burn > 10% BSA from the scene.	
h. Flail chest	
i. Positive FAST exam in the setting of trauma	
3. Mechanism/Patient Factors	
a. High energy electrical injury from the scene	
b. Age ≥ 65 and significant mechanism, excluding ground level fall	
c. Anticoagulated patient or patient with intrinsic bleeding disorder with significant mechanism , excluding ground level fall (includes warfarin, new oral anticoagulants, & clopidogrel, but not ASA or NSAIDs alone)	
d. The Charge RN, TACS staff, or EM attending or senior resident discretion with high risk mechanism or patient considerations, for example:	
i. Mechanism: ejection; unrestrained rollover; death in same vehicle; extrication time >20 minutes; high speed auto-ped or auto-bicycle (>20 mph); MCC > 20 mph and unhelmeted or separation; fall from height (>20 ft); ATV or equestrian ejection or rollover.	
ii. Patient factors: > 20 weeks gestation, multiple medical co- morbidities	

All criteria should be associated with traumatic mechanism.

Page should be sent as early as possible and based upon EMS report if criteria met.