

## **Michigan Trauma Coalition Trauma Activation Criteria Disclaimer Statement**

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**See Pg. 2 for Sample Trauma Activation Criteria #3**

## Trauma Triage Classification System-2013

### LEVEL I Trauma

Criteria	<p>Any <b>one</b> of the following:</p> <p><b>A. Physiologic</b></p> <ul style="list-style-type: none"> <li>• Respiratory compromise/obstruction and/or intubation RR &lt;10 or &gt; 29 (&lt;20 in infant &lt; 1year) (This excludes patients who are intubated in another facility and are otherwise stable)</li> <li>• Confirmed Systolic blood pressure &lt;90 at <u>any time</u> in adults or age specific hypotension for children: Term Neonates (0-28 days): &lt;60 Infants (1 to 12 months): &lt;70 Children 1 to 10 years: &lt;70 + (age in years x 2) Children &gt; 10 years: &lt;90</li> <li>• Glasgow Coma Scale &lt; 8 with mechanism attributed to trauma</li> <li>• Transfer patients from other hospitals receiving blood to maintain vital signs</li> </ul> <p><b>B. Anatomic:</b></p> <ul style="list-style-type: none"> <li>• All penetrating injuries to head, neck, torso, groin</li> <li>• Clinically evident Flail chest</li> <li>• Crushed, degloved, pulseless or mangled extremity <b>proximal to the wrist or ankle</b></li> <li>• Amputation proximal to wrist and ankle</li> <li>• Paralysis</li> </ul> <p><b>C. EMS or Emergency Physician's Discretion (Needs to be documented)</b></p>
Activation	Immediate notification of the Trauma team via the paging system based on pre-hospital notification or upon patient arrival to the ECC.
Response	All trauma team members arrival/assigned time to be signed in on ETFS ECC; Trauma Surgeon to sign in within 15 minutes of patient arrival and be recorded on ETFS.

### LEVEL II Trauma

Criteria	<p>Any one of the following:</p> <p><b>A. Mechanism of Injury</b></p> <ul style="list-style-type: none"> <li>• High risk motor vehicle crash <ul style="list-style-type: none"> <li>• Intrusion: &gt; 12 inches occupant site; &gt; 18 inches any site</li> <li>• Extrication time &gt; 20 minutes</li> <li>• Ejection: (partial or complete) from automobile</li> <li>• Death in same passenger compartment</li> <li>• Vehicle telemetry data consistent with high risk of injury</li> </ul> </li> <li>• Auto vs. Pedestrian/bicyclist thrown, run over, or with significant (&gt;20 mph) impact</li> <li>• Bicycle accident with separation/significant impact</li> <li>• Motorcycle, ATV or snowmobile crash <math>\geq</math>20mph (with or without separation)</li> <li>• Falls <ul style="list-style-type: none"> <li>• Adults: &gt; 20 feet (one story is equal to 10ft.)</li> <li>• Children: &gt; 10 ft. or 2-3 times the height of the child</li> </ul> </li> <li>• Penetrating injuries to extremities proximal to elbow or knee with hemodynamic stability</li> </ul> <p><b>B. Anatomic:</b></p> <ul style="list-style-type: none"> <li>• Pregnancy &gt; 20 weeks with trauma related mechanism</li> <li>• Clinically evident Pelvic fractures</li> <li>• Two or more fractures proximal to wrist or ankle or two or more proximal long-bone fractures. A long bone is defined as humerus, (radius/ulna), (tib/fib), femur (<i>excluding wrist fractures</i>)</li> <li>• Open or clinically evident depressed skull fracture</li> </ul>
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	<ul style="list-style-type: none"> <li>• <i>Crushed, degloved or mangled extremity with hemodynamic stability</i></li> <li>• Spinal fracture with numbness, tingling, loss of sensation or spinal cord deficit</li> <li>• Open long bone fracture</li> <li>• Solid or Hollow Organ Injury</li> </ul> <p><b>C. Transfers: All Trauma transfers in from outside facilities that meet activation criteria as indicated above.</b></p> <p><b>D. EMS or Emergency Physicians Discretion (Needs to be documented)</b></p>
Activation	Immediate notification of the Trauma team via the paging system based on pre-hospital notification or upon patient arrival to the ECC.
Response	Trauma service to see patient, conduct initial screening assessment and notify the trauma surgeon of the findings within two hours of patient arrival, or sooner as requested by ED.

**Trauma Evaluations: Special patient or system considerations**

Criteria	<p><b>A. Any one of the following associated with a trauma related mechanism:</b></p> <ul style="list-style-type: none"> <li>○ Age <ul style="list-style-type: none"> <li>▪ Older Adults: Risk of injury death increases after age 55</li> </ul> </li> <li>○ Anticoagulation and bleeding disorders</li> <li>○ Burns <ul style="list-style-type: none"> <li>▪ Without other trauma mechanism: Triage to burn facility</li> <li>▪ With trauma mechanism: Triage to trauma center</li> </ul> </li> <li>○ Time sensitive extremity injury</li> <li>○ End-stage renal disease requiring dialysis</li> <li>○ Cardiac or Respiratory Disease</li> <li>○ Cirrhosis</li> <li>○ Diabetes</li> <li>○ Morbid Obesity</li> </ul> <p><b>B. Emergency Physician's Discretion (Needs to be documented)</b></p>
Activation	ED secretary to notify Trauma surgeon/PA/resident of consult and rationale and document date and time notified.
Response	Trauma service to see the patient, conduct initial screening assessment and notify the trauma surgeon of the findings within two hours of notification, or sooner as requested by the ED.

**Criteria for Consideration of Transfer to Level 1 Center:**

1. Burns
2. Amputations

Criteria developed according to Field Triage Decision Scheme, ACS 2006-Optimal Care of the Injured Patient revised 2009  
Approved by the TPOPP committee: 1/23/2008, 2009, 9/22/2010  
Revised/Implemented: 6/26/08, 8/13/08, 1/28/09, 2/18/09, 7/1/09,10/24/10, 12/1/10, 1-18-11, 3/16/11, 11/27/13  
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