

**Adult:** ≥15 years  
**Pedi:** <15 years  
**OB:** ≥20 weeks (see below)

# CONCORD HOSPITAL TRAUMA CRITERIA

## Trauma Level 1

**MD calls Level 1**

**Trauma Surg responds < 15 min**

- **Airway:** Intub, assisted vent or unable to adequately ventilate
- **Breathing:** RR <10 or >29
- **Circulation:** SBP < 90 in adults. Age specific hypotension in children. Signs of clinical hypotension or HR >130.
- Patient requiring blood to maintain VS
- Uncontrolled bleeding
- **Disability:** GCS <9 (related to trauma)
- Open or depressed skull fracture
- New onset paralysis
- GSW to head, neck, chest, torso or extremities proximal to elbow/knee
- Partial or complete amputation prox to wrist/ankle (not isolated hand/finger)
- Crushed, degloved or mangled extremity
- Flail chest or needle decomp in field
- Unstable Pelvic Fractures
- **Burns:** Inhalation burns and/or >20% of TBSA (2° or 3° only)
- **Physician discretion**

## Trauma Level 2

**MD calls Level 2**

**Trauma Surg responds < 60 min**

- **Disability:** GCS <13 (related to trauma)
- New onset paresthesia w/ trauma mech
- Mid Shaft Femur fracture w/ high mech
- ≥ 2 long bone fractures
- Falls: Adult > 20 feet; Child > 10 feet or 3x ht
- High-risk auto crash: ie. Ejection, Death in same compartment
- Auto vs. ped/cyclist w/ sig (> 20 mph) impact
- Motorcycle crash with sig speed
- High-energy dissipation or rapid deceleration (ie: striking object, blast/explosion)
- Burns > 10% TBSA (2nd and 3rd degree) or high-energy electrical injury
- Hypothermia <30°C
- Drowning/ hanging w/ sig mech
- Extremity injury w/ concern for limb ischemia
- Stable Intub pt transferred from other facility
- Solid organ injury with active extravasation
- **Physician discretion**

## Trauma Consult

(Excludes low mech isolated injuries – these pts can be admitted to standard admission processes)

- Traumatic injury requiring admission by the Trauma Service
- Pt > 70 yrs w/ traumatic mech of injury who will be admitted (excluding isolated ortho injury)
- Transfer from another hospital for traumatic injury being admitted to the trauma service (not meeting L1 or L2)

## Head Trauma - Anticoag

Patients who **DO NOT** meet any criteria but sustain a fall and strike their head, & are anticoagulated

### Co-morbid in Activations:

Consider higher activations: **Geriatrics (>65)\*, Anticoag, Peds, Cardiac, Resp, diabetes, preg, obesity, bleeding disorders, Substance/ETOH**

**\*Consider upgrading geriatric patients if signs of clinical hypotension or new onset AMS**

## Trauma Level 1 + OR

**GSW** as above, or penetrating trauma meeting Level 1 criteria Activates **OR Team** immediately

## OB Trauma Level (>20weeks)

L1 & L2 Activates OB physician / FP RP immediately to ED with TOCO monitor. Non activated traumas- call FP RP as needed for FHR monitoring

## Trauma Transfers

ALL Interfacility Trauma Transfers should be activated if they meet above L1 or L2 criteria