

# Stormont-Vail Trauma Activation Criteria

Date: \_\_\_\_\_ Time Received: \_\_\_\_\_  
CLASS: I II III EMS reported Class: I II ED  
Patient Trauma #: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M / F GCS: \_\_\_\_\_ BP: \_\_\_/\_\_\_  
Mechanism: MVC MCC MVP FALL ETA: \_\_\_\_\_  
GSW SW Assault Other: \_\_\_\_\_  
Time Health Connections Called: \_\_\_\_\_

## **Class I (Entire Resuscitation Team) Activated per EMS**

- 1 – GCS < 8 with mechanism attributed to trauma (Unconscious)
- 2 – Systolic BP < 100
- 3 – Respiratory Rate <10 or >29
- 4 – Airway compromise, inhalation injury, or requirement for intubation
- 5 – Transfer patients from other hospitals receiving blood to maintain blood pressure
- 6 – All gunshot wounds to head, neck, chest, or abdomen
- 7 – Amputation or partial amputation proximal to wrist or ankle
- 8 – ED Physician discretion

## **Class II (minus Anesthesia, RT, Blood Bank) Activated per TNS**

- 1 – GCS < /= 12 with mechanism attributed to trauma (Conscious)
- 2 – Motor Vehicle Collision > 40 mph with obvious injuries or altered mental status\*
- 3 – Pedestrian or Cyclist struck by vehicle with obvious injuries or altered mental status\*
- 4 – Motorcycle Crash > 20mph with obvious injuries or altered mental status\*
- 5 – Falls > twice patient's height with obvious injuries (excluding isolated ortho injury)\*
- 6 – All deep penetrating injuries proximal to the knee or elbow (including neck, chest and abdomen) w/ NV or visceral compromise
- 7 – All multiple Open Long Bone Fractures or associated crush injuries
- 8 – Paralysis or signs of Spinal Cord Injury

\*Obvious Injuries = multiple or open fractures; deep, open wounds; extensive rib fractures; absent or diminished breath sounds; severe abdominal/pelvic, flank, or spine pain.

\*Altered mental status = Current GCS < /= 12 with mechanism attributed to trauma

## **Class III (Trauma Surgeon or EDP AND TNS)**

All Trauma Patients accepted in TRANSFER not meeting above criteria. May be accepted and evaluated by Trauma Surgeon or ED Physician.

Referring Hospital: \_\_\_\_\_ Referring Physician: \_\_\_\_\_

Trauma Consult: Trauma Surgeon Consultation initiated by EDP or ED midlevel for ED patient who may require observation/admission. CHIs; Complex, extensive, or grossly contaminated wounds; Extremity GSWs or deep penetrating wounds. Phone consultation only may be indicated.