I. PURPOSE: To provide guidelines for activating Level 1 and Level 2 Trauma Alerts for patients ≥ 18 years of age.

To maximize appropriate resource utilization while assuring timely, organized, and appropriate care of the highest standard to the patients admitted to the Trauma Services.

II. STATEMENT: A dedication to excellence in providing optimal patient care is the essence of the commitment provided to each individual trauma victim.

III. PROCEDURE: A. Communication is established in the prehospital setting by radio/telephone contact to the Emergency Department. Using the established criteria for determination of the need for a trauma alert the Emergency Department staff contacts the Emergency Communication Center (ECC) to activate a trauma alert. The Emergency Department staff may collaborate with the trauma surgeon to determine the appropriate level of alert to be activated. Based upon the report from EMS personnel or the referring physician, the Emergency Physician may activate the trauma alert system.

B. The Level of trauma alert is derived by the report from the scene/Transferring hospital or on presentation.

C. Level 1 Trauma Alert is based off of physiological and anatomical criteria.

D. Level 2 Trauma Alert, correlates with the mechanism of injury.

E. The trauma alert mobilizes the personnel and resources which may be necessary to care for the critically injured patient. An estimated time of arrival is given with the alert message when arrival times are known in advance. “Your attention please, ADULT LEVEL 1 or LEVEL 2 Trauma Alert ETA, (estimated time of arrival in minutes)”, will be announced over the hospital loudspeaker system to alert ancillary services and also by group page over the pager system to alert team members. Pages will indicate the type of trauma alert, mode of arrival and ETA.
The words “trauma alert” do not necessarily measure the severity of injury, but simply serve as a mechanism to mobilize manpower and resources which might be necessary to resuscitate a critically injured patient.

IV. LEVEL 1 TRAUMA ALERT, FULL TEAM RESPONSE

Emergency Communication Center will announce: “ATTENTION PLEASE, THERE IS AN ADULT LEVEL 1 TRAUMA ALERT ETA...”--This will be announced three times over the open sound system and individuals will be paged STAT.

Criteria:

A. Physiologic Level 1:
   1. GCS ≤ 13 at any one time
   2. Systolic < 90 mmHg (<110 if age ≥ 55)
   3. Respiratory rate <10 or >29 breaths per minute, or need for ventilator support

B. Anatomic Level 1:
   1. All penetrating injuries to head
   2. Chest wall instability or deformity (e.g. flail chest)
   3. Suspected two or more long-bone fractures
   4. Amputation proximal to wrist or ankle
   5. Suspected pelvic fracture
   6. Open or depressed skull fracture
   7. Spinal injury/paralysis (or paresthesia)
   8. Transfer patients from other hospitals receiving blood to maintain vital signs
   9. Adult Emergency Physician’s discretion
   10. Level 2 criteria + 1 risk factor

V. LEVEL 2 TRAUMA ALERT, PARTIAL TEAM RESPONSE

Emergency Communication Center will announce: “ATTENTION PLEASE, THERE IS AN ADULT LEVEL 2 TRAUMA ALERT ETA...”--This will be announced three times over the open sound system and individuals will be paged STAT.

Criteria:

A. Mechanism of Injury:
   1. Fall ≥ 10 feet
   2. Significant intrusion of passenger compartment (including roof) ≥ 12 inches
   3. Ejection from vehicle
   4. Death in same passenger compartment
   5. Vehicle telemetry data consistent with high risk of injury
   6. Auto vs. pedestrian/bicyclist thrown, run over, or with significant (> 20 mph) impact
   7. Motorcycle, ATV, bicycle accident > 20 mph
   8. Adult Emergency Physician’s discretion
   9. Any 2 risk factor criteria

VI. TRAUMA ACTIVATION UPGRADE CRITERIA: RISK FACTORS

1. Age > 55 years
2. On anticoagulants
3. Significant medical illness (e.g. COPD, CHF, cardiac)
4. Burns with trauma mechanism
   (ED to see those patients without trauma mechanism)
5. Falls down ≥ 5 stairs
6. Pregnancy > 20 weeks
7. EMS provider judgment
8. Environmental exposure (heat/cold) with mechanism attributed to trauma.

VII. LEVEL 3 TRAUMA TEAM CONSULT (NOT ANNOUNCED OVER OPEN)

Criteria:

A. No Level 1 or Level 2 signs or symptoms.
B. Injuries limited to a single organ system or which potentially require no hospitalization.
C. Fracture of 3 or more ribs.
D. These patients should be seen and triaged by the Emergency Department physicians as indicated.

LEVEL 2 AND 3 patients may be upgraded to LEVEL 1 or 2 at any time based upon the professional opinion of the ED attending physician or if the patient has 1 or more positive risk factors.

FOR LEVEL 1 patients access to the Operating Room, CT Scan, Angiography and other special services will be of highest priority.

For LEVEL 2 patient’s access to the Operating Room, CT Scan, Angiography and other special services will be within one hour of notification of need. These patients have uncertain status; their condition may appear stable on arrival only to deteriorate later.

DISTRIBUTION LIST: Members of the Trauma QI, Trauma Nursing QI and Trauma Committees, LIFE FLIGHT, ADULT & PEDIATRIC EMERGENCY DEPARTMENTS, LABORATORY, BLOOD BANK, RADIOLOGY, SURGERY, PACU, ICU, PICU, GENERAL FLOORS, (Blank 3 and 4, North 3, 4, 5, and 6, Powell 4 and 5, Younker 5), and SURGERY EDUCATION.

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