TRAUMA ACTIVATION CRITERIA

Please do NOT downgrade the patient before arrival/seen, and discussion between EM and Trauma Attending/APRN/Chief

Scene

Level 1

- Penetrating injury to the Neck, Chest, Abdomen, or Extremities proximal to the elbow/knee
- Signs of Shock (at any time - including initial on arrival)
  - HR>SBP (Shock Index >1)
  - SBP < 90 mmHgb
    - < 10 years old = SBP < 70+2*age)
    - > 64 year SBP <110 mmHg
  - absent carotid, femoral, or radial pulse
- Neurological injury with GCS < 9 without sedation
- Severe uncontrolled hemorrhage or transfer patients receiving blood products or > 1 liter of crystalloid to treat signs of shock
- Unable to intubate or intubated from the scene or airway compromise (including blunt neck injury with evidence of potential airway injury)
- Emergency surgical airway placed at the scene or the referring hospital
- Major vascular injuries, including significant crush or amputation proximal to the elbow or knee, or the need for prehospital tourniquet application
- Suspected spinal cord injury from the scene or not stabilized at the referring hospital
- Major impalement to the torso
- Open or unstable pelvic fracture
- Pregnancy with > 20 weeks of gestation if other activation criteria of Level 2 or greater are present
- Trauma Code
- Emergency Physician Discretion

Level 2

- Penetrating Injury to the Extremity distal to the elbow or knee
- Flail Chest, multiple rib fractures
- Major burns of >20% BSA (Grade 2 or 3) or any signs of inhalation injury
- Neurologic injury with GCS ≥ 9 or < 14
- Open and depressed skull fracture
- Two or more long bone fractures (ulna with radius fracture or tibia with fibula count as one long bone)
- Extremity trauma with loss of distal pulse or sensation
- Severe maxillofacial injury with a stable airway
- Near drowning
- Trauma patient currently on anticoagulants (not including Aspirin) with external signs of a supraclavicular injury
- Pregnancy with >20 weeks of gestation without other level 2 criteria present
- Major MVC: ejection from the vehicle, extrication > 20 minutes, death of an occupant in the same vehicle, or impact speed > 50 mph
- Pedestrian struck by vehicle or auto-bike crash > 10 mph
- Falls > 12 feet
- Motorcycle crash/ATV > 20 mph or with separation of rider from bike
- Trauma patient with a Seatbelt Sign
- Emergency Physician Discretion

Level 3

- MVC with rollover or intrusion into the passenger compartment > 12 inches not meeting higher activation criteria.
- Hanging mechanisms (without evidence of airway compromise or evidence of airway injury)
- Trauma Patient >65 years of age
- Stable pelvic fractures not meeting higher activation criteria.
- Single system injury with a high index of suspicion based on the mechanism
- Traumatic injury with hypothermia (< 35oC) or hyperthermia (>39oC) not meeting higher activation criteria
- Any other trauma-related injury where two or more systems are involved that does not meet the higher activation criteria
- MD/Charge RN Discretion

Transfers

If the patient has not had a complete workup for their possible injuries (e.g., CT scans, including contrast of the CAP) of all suspected injuries, use the Scene Activation Criteria (above). **Please Do NOT request additional imaging if the patient has a reason for transfer.

Level 1

- Hemodynamic instability - requiring blood transfusion, pressors, or > 1 liter of crystalloid to maintain SBP > 90mmHg (>70+2*age if <10 years)
- HR > SBP
- Penetrating Thoracoabdominal Trauma
- Respiratory Compromise without a definitive airway
- Intubated patients transferred from another facility
- Acute decompensation en route
- MD/ Charge RN discretion

Level 2

- Must meet **all** of these criteria
  - Transfer with multiple system trauma
  - Hemodynamically stable
  - Appropriate imaging (DO NOT REQUEST ADDITIONAL IMAGING, if there is a reason for a transfer)
- Single system TBI (excluding concussion)
- Single system injury with CT evidence of neck, chest, abdominal, vascular, or spine injury
- MD/Charge RN Discretion

Level 3

- Not meeting Level 1 or Level 2 transfer activation criteria with appropriate imaging (DO NOT REQUEST ADDITIONAL IMAGING, if there is a reason for a transfer)
- Single system trauma, excluding transfers for isolated ENT, ophthalmology, or hand
- ED evaluation with direct consultation to the trauma team or the responsible service

Updated 12/16/2025

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