

Trauma Level I Form

LEVEL I - Trauma Surgeon's presence required at bedside within 15 minutes of patient arrival

Airway:

- ☐ Intubated
- ☐ Active assisted ventilation
- ☐ Severe facial fractures with inability to maintain airway or handle secretions
- ☐ Stridor with cervical crepitus

Breathing:

- ☐ Inability to ventilate/oxygenate
- ☐ Sustained respiratory rate $8 \leq$ or ≥ 28
- ☐ Sucking chest wound
- ☐ Needle decompression

Circulation:

- ☐ Any episode of low SBP (transient hypotension):
Age < 10 y/o: $SBP \leq 70 + (2 \times \text{age})$
Age 10-64 y/o: $SBP \leq 90$
Age ≥ 65 y/o: $SBP \leq 100$
- ☐ Sustained HR:
Age 15-64 y/o: > 130
Age ≥ 65 y/o: > 110
- ☐ Traumatic arrest
- ☐ Acute uncontrolled hemorrhage
- ☐ Trauma transfer or EMS patient receiving blood products or vasopressors

Disability:

- ☐ GCS ≤ 8 with trauma mechanism

Extremity/Environment/Event:

- ☐ Tourniquet use
- ☐ Amputation proximal to wrist or ankle
- ☐ Penetrating trauma (GSW, SW, impalement) to head, neck, chest, abdomen, torso, groin or buttocks
- ☐ GSW to extremity; proximal to elbow or knee
- ☐ Deterioration of previously stable patient

NOTES

Any patient may be activated or upgraded at ED physician or TACS surgeon discretion.

Trauma patients being transferred to NGMC from other hospitals will be activated at the appropriate level at the discretion of the TACS surgeon and ED physician based on their 3-way call with the transferring facility.

Patients < 15 y/o meeting Level I or II trauma activation criteria should be triaged to a pediatric trauma center unless trauma arrest or unstable airway.