

Trauma Level II/III Form

LEVEL II - Trauma Surgeon's presence required at bedside within 30 minutes of patient arrival

Breathing:

- ☐ Chest wall instability, e.g.: unstable sternum, flail chest

Disability:

- ☐ GCS 9-13 with trauma mechanism
☐ Open or depressed skull fracture
☐ Paralysis or other focal neurological deficit

Extremity/Environment/Event:

- ☐ 2 or more long bone fractures
☐ Any open long bone fracture
☐ Suspected pelvic fracture
☐ Burns with mechanism attributed to trauma
☐ Pregnant patient ≥ 20 weeks with trauma mechanism
☐ Ejection from automobile
☐ Falls > 20 feet for adults
☐ Falls 2-3x height for children < 10 y/o

LEVEL III

- ☐ Any patient arriving by helicopter

May be higher activation level based on clinical report

- ☐ Arrival by EMS AND at least one of the following:

Patients ≥ 65 y/o with trauma mechanism, e.g.: ground level fall, MVC, MCC AND signs/symptoms of head (accompanied by baseline mental status changes), chest or abdominal trauma

Patients of any age with known use of anticoagulant or antiplatelet drugs (excluding aspirin) AND trauma mechanism

Auto vs. pedestrian or bicyclist > 20 mph

Death in same passenger compartment

- ☐ EMS calling a "Trauma Alert"

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.