

FLINT

# **Trauma Activation Criteria**

# Level I

# Trauma Surgeon responds within 30 minutes from patient arrival

### 1. <u>Airway/Breathing</u>

- RR <10 RR >29
- Intubated patients transferred from the scene
- Unstable/Unsecure airway
- Severe maxillofacial injuries with airway compromise
- 2. Circulatory
- SBP < 90mmHg
- Trauma related transfer receiving blood to maintain vital signs

# 3. <u>CNS</u>

- GCS  $\leq$  8 with a traumatic mechanism of injury
- Neurological deficits with suspected spinal cord injury
- 4. Chest/Abdomen/Pelvis
- Flail chest/sucking chest wounds
- Major pelvic injury with unstable vital signs
- 5. Extremities
- Amputation proximal to the ankle/wrist
- Two or more long bone fractures
- Pulseless extremity with a traumatic mechanism of injury
- 6. Mechanism of Injury
- GSW to the head, neck, chest, abdomen
- Burns > 20% or burns combined with any other injury
- Any hemodynamically unstable patient with a penetrating injury (see above SBP, RR, GCS)
- 7. At the discretion of the ED physician
- 0

# Level II

### Trauma Surgeon responds within 60 minutes from trauma activation

# 1. <u>CNS:</u>

- GCS 9-13 with a traumatic mechanism of injury
- 2. Extremities
- Crush, degloved, or mangled extremity with a significant mechanism of injury
- Open femur/humerus fracture without evidence of neurovascular compromise
- 3. Mechanism of Injury
- Stab wound or other penetrating injury of head, neck, chest, or abdomen excluding GSW
- Falls  $\ge$  20 feet (adults) and  $\ge$  10 feet or 3x height for children ( $\leq$  18 years of age)
- High risk motor vehicle crash with:
  - Intrusion of vehicle > 12" in occupant compartment; or 18" in any other site
  - Ejection (partial or complete) from an automobile
  - Death in same passenger compartment
- Auto vs. pedestrian/cyclist thrown, run over, or with significant (>20 mph) impact
- Motorcycle, ATV, snowmobile or watercraft crash >20 mph
- High voltage electrical injury
- 4. At the discretion of the ED Physician

# Level III

0

### **Trauma Consult**

- 1. Any patient that does not meet activation criteria and has sustained a traumatic injury requiring admission to the hospital require a trauma consult, with the exception of same level trip and fall with isolated orthopedic injuries.
- 2. Incoming hospital transfers with trauma related injuries that do not meet activation criteria require a trauma consult.



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#### **ED Trauma Flow Sheet**

INJURY: Date	Time		PRE-HOSPITAL	
DATE OF ARRIVAL		•	BP / DAUSC DPALP HR Rhythm	
Time of Trauma Activation			RR         O2 Sat         GCS         AccuChed	
	evel 1 *Level 2		□ CPR □ on scene □ enroute □ length of time:	
Change To:	Time:		□ LOC       □ on scene       □ enroute       □ length of time:         Oxygen:       □ NC      L/min       □ NRB       □ Peds Mask       □	
TITLE	NAME	ARRIVAL	Airway:  OET  NET Size:  FR Lip Line:	
Trauma Surgeon				
ED Attending			□ C-Spine: □ collar □ backboard □ immobilized in car □ IV gauge/site #1 Total IV infused	
Primary Nurse			□ IV gauge/site #2 Total IV infused	
Secondary Nurse				
Scribe			Medications given:	
ER Technician			MEDICAL BACKGROUND	
Respiratory			Adult: Height ft in Weight	kg
Lab			Peds: Weight kg lbs kg.	Broselow
Radiology			ALLERGIES: Denies Unknown	
*Anesthesia			MEDS: see EMR none unknown thinners	
Neurosurgery				
Orthopedics			//	
Senior Surgical Resident			PAST MEDICAL/SURGICAL HX: denies unknown	_
Physician Assistant			·	
Other			LMP wks	□ N/A
ARRIVAL MODE: DEMS			INJURIES/COMPLAINTS	
Historian Patient EN				<u> </u>
	side □ passenger s □ Extrication □	side	Abbreviation Code:         ABAbrasion         AMPAbrasion         AVAvulsion         BBurn	
	BICYCLE SPEED	MPH	BRBruise CContusion	
	<u> </u>	]Yes □No	D Deformity	)
PEDESTRIAN     Type of vehicle SPEED MPH		FT	FB Foreign Body	
FALL Stairs #	Height [		GGunshot Wound	)
ASSAULT Gunshot Police Notified			PPain PUPuncture RRash	- Aug
	s 🗆 No		RD Redness	-
				5
			M-17779 (Re	v. 2/23)



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ED.	Trauma Flow Sheet 68	32	
	INITIAL ASSESSMENT		
Location Interver	the room external hemmorrhage	<b>G = Giv</b> Pain Ma Non-Ph	anage
	$\Box A = Awake \Box V = Verbal \Box P = Pain \Box U = Unresponsive$		
AIRWAY B = BRI C = CIR Ce	H = Head to HEAD / I Norma Deviat JVD CHEST		
Pe	ripheral pulses:  Strong  weak  absent to		repitu
Eye Op Spontar To Voice To Pain None Initial G Pupils - 2 Glucos E = EXF Initial te Cloth	aeous	□ E □ C HEA SKII □ N □ D □ B EXTRE Puls Sen Mov Ede Defc Colo Tem	COOME oorma oorma oowel MITIE ses satior eemer ma pormity pr P
	bles: secured evidence with patient	I = Insp	
	released to		ogroll orma
F = Full	Set Vitals – Document on page 3		eforn
Family	Presence Notified by		ectal
Next of	Kin Contact Info:		eferre
TIME	PROCEDURE/DIAGNOSTICS	TIME	
	O2: L/min  NC  NRB  BVM		Fole
	Intubation:  Oral ET  Nasal ET Size: FR		retu
	Lip line: cm Dr:		Urir
	Placement confirmed via:  auscultation  capnography		Urir
	EKG: Shown to Dr	-	Gas
	IV/IO: site g by:		size
	IV/IO: site g by:	-	Che Ret
	Labs drawn by:		Che
	Art Line:		Ret
	Level I Rapid Infuser		Por
	Ranger Warmer by:		FAS
	Bair Hugger by:		CT:
	C spine cleared: collar removed		Abc
	by Dr		

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		<u>_</u>	SECONDARY A		<b>IT</b>	
			et Monitoring De			
-			Scale			
	Non-Ph	armacologic Ir	terventions:			
•	H = Hea	d to toe asse	ssment			
	HEA	D / NECK				
_	🗆 N	ormal	🗌 Ear Draii	nage 🗌 N	ose drainage	
	🗌 D	eviated Trache	a □R □l	-		
	□ J\	/D	crepitus	0 []	ther:	
	CHE	ST				
	🗆 N	ormal	Symmetric	rical 🗌 As	symmetrical	
_	🗆 cr	epitus	🗌 Flail	0 []	ther:	
_	LUN	G SOUNDS				
			/ 🗌 Diminish	ed 🗌 Al	bsent 🗌	R 🗆 L
		ther:				
	HEA	RT TONES	Normal	🗌 Distant/Mu	iffled 🗌 A	Absent
	SKI	N 🗆 Warm		□ Hot		
			Diaphoreti		IV	
			□ Pale			notic
		OMEN		-	-	
		ormal	🗆 Rigid	□ Seat	tbelt sign	
		istended	Tender to: _			
	B	owel Sounds	Present		ent	
	FXTRE	MITIES	LUE RU	F I	LE	RLE
	Puls		Y/N Y/		/ N	Y/N
-			Y/N Y/		/ N	Y/N
	Mov	ement	Y/N Y/		/ N	Y/N
	Ede	ma	Y / N Y /	N Y	/ N	Y / N
		-	Y/N Y/		/ N	Y / N
	Iem	р				
	l = Insp	ect Posterior	— BACK / AXILL	A / PERINEA	L Area	
	•					oved
-			nderness to			
		eformities:				
			Normal 🗆 De			
·	ЦD	eterred Reaso	n:			
	TIME		PROCEDU	RE/DIAGNO	STICS	
_		Foley cath: s	ize FR	by:		
		-	mL_color:	-		
			UA Urine			
-			ancy Test 🗌 Neg	-		ss/Fail
_			FR return			
=			mL  suct			
-						
+			mL 🗌 suct		-	
=			ay: Chest / C-Sp			
+						
-			: Dr			
۲		CT: Head / C	Chest	WITH NURSE	WITH MONITOR	TIME RETURNED
		Abd / Pelvis /	/ Spine			
_1				l		



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### ED Trauma Flow Sheet

ED.	Iraum	a Flow	Sheet			682		Place Stick	ker Here		
TIME			Ν	NURSING NARRATIVE							
TIME	HR	BP	RHYTHM	RR	SPO2/02 AMT	GCS	PUPILS	TEMP	PAIN	URINE	NG
		/			/						
		/			/						+
		/			/						+
		,	AUDIT-C		/	, ,		-		11	
	ft and all all a				a that has been a 20		suscitation		RUL		
	oπen ala y ever (0 po		drink containing	alconol I	n the last year?	Guidelines for Burns OF NINES					
		less (1 poir	nt)			2–4 ml x kg x %TBSA					
🗆 Tw	o to four	times a mo	onth (2 points)				/2 of the	9%	9%	Crilia	
			veek (3 points) week (4 points)				d fluid within ours of injury		( )	(18%)	
			ing alcohol did yc	u baya a	n a typical day		ining fluid to		AT A		
			ne past year?	ou nave u	in a typical day		n over the	18%	200	9% 18% front	
	drinks (0 j	-				next 1	6 hours.			18% back	AL
		s (0 points)	)				atrics – Use			14% 14%	6 405
		s (1 point) s (2 points)	)				formula S DSLR				
		s (3 points)					nance fluid				
🗌 10	or more	(4 points)									
3. How c	often did y	ou have 6	or more drinks or	1 occas	ion in the last year?			f inne en de raken			
	ever (0 po	,						of irregular bu			f the
		nonthly (1 p points)	point)			burned surface can be estimated by considering the palm of the patient's hand as equal of 1% of the total body surface and then					
<ul> <li>Monthly (2 points)</li> <li>Weekly (3 points)</li> </ul>			estimating the TBSA in reference to the palm.								
🗆 Da	ily or alm	nost daily (4	4 points) Total	AUDIT-C	Score:	-	PEDIAT	RIC QUICK F	EFERENC	ES	
AUDIT S			o Intervention Req			HYPOGLY					
AUDIT S			rief Intervention Re	•		Newborn:	-		Crystalloid: 2		
AUDIT S	core 8–12		rief Intervention & ocial Work Consult			Child: ≤ 60	-		Blood: 10 ml	-	
			WA-ar required on								
	intervent				pamphlets, etc.)			YPOTENSIO			
					fortrootmont	↓ 0–28 days	: < 60 mm H	a   1-	-10 yrs: < 70	) + (2x ane)	in vre)
		rker inform	ed of the need fo	r reterral	ior treatment.			-			iii yi3)
🗆 ED S	ocial Wo		ed of the need fo		/Time:		< 70 mm Hợ	-	10 yrs: < 90		iii yi3)
🗆 ED S	ocial Wo							-			



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