

Reminders:

- All transfers leveled according to criteria
- Once activated, no downgrades should occur
 - If patient was misleveled by criteria, their level may be corrected to the appropriate level
- If patient condition deteriorates, upgrade to Level I
- If patient receiving blood products, they are a Level I
- Attending on call pager number–314-253-2281

Vital Sign Frequency:

- Level 1 Trauma– Manual BP x1 and temperature upon arrival. Full set vital signs q 5 minutes until stable, then q 15 min x4 and q 30 min x2, hourly vitals until admission/disposition.
- Level 2 & 3 Traumas– Full set vital signs upon arrival, q 1 hour until stable, then q 4 hours until admission/disposition.

Trauma Documentation Checklist

Triage Narrator:

EMS Provider OB Page (if >20 weeks, for ALL levels)
Chief Complaint (Trauma Type) HPI (History of Presenting Illness)
Level (Based on Leveling Criteria)

Trauma Narrator:

You want green checks on ALL appropriate items

ARRIVE ATTENDING! (all Level 1s and 2s)

Trauma Level

OB Page (If >20 weeks, for ALL levels)

Treatment PTA

Vitals

GCS

MOI (Mechanism of Injury)

Primary Assessment

Secondary Assessment

with Revised Trauma Score

ALL Interventions

Within 30 minutes of Disposition:

Full Set of Vital Signs GCS Disposition

****Must enter MTP/Emergency Release Attestation under orders to document volumes for MTP or Emergency Release blood****



Barnes-Jewish Hospital Trauma Leveling Criteria

Time frame: 72 hours or less. (Exception: Transfers)

• Level 1 paging format - ETA, MOI, SBP, P & R (if known), known injuries — When transfers arrive, still need full information paged out

LEVEL I Trauma

Immediately activate the Level I Trauma Pager

- Glasgow Coma Scale . . . <14 (at time of report)
 - Systolic blood pressure <90
 - Respiratory rate. . . . <10 or >29
- OR**
- Airway compromise or obstruction, flail chest, hemo or pneumothorax, patients intubated prehospital.
 - Uncontrolled hemorrhage or receiving blood
 - Penetrating injuries to head, neck, T-shirt or boxer short coverage areas.
 - Extremity trauma proximal to wrist or ankle with loss of distal pulse
 - Amputation/near amputation proximal to wrist or ankle
 - Paralysis or signs of spinal cord or cranial nerve injury (temporal bone fx)
 - Major burns of $\geq 20\%$ BSA
 - Any signs of inhalation injury
 - Electrical injury ≥ 200 volts (does not include Taser injury)
 - Two or more long-bone fractures (humerus/femur)
 - Pelvic fractures (known on arrival)
 - Open or depressed skull fractures (known on arrival)

LEVEL II Trauma

Activate the Level II Trauma Pager on arrival

- Fall ≥ 20 feet/steps
- High-risk auto crash:
 - Intrusion > 12 inches
 - Ejection (partial or complete)
 - Rollover
 - Death in same passenger compartment
 - MVC > 40 MPH with rapid deceleration
- High-risk pedestrian, cycle, ATV crash:
 - Auto v. pedestrian/bicyclist/scooter thrown, run over or with significant (≥ 20 MPH) impact
 - Motorcycle or ATV ≥ 20 MPH with separation of rider
 - Any ATV crash with rollover
- Open fractures proximal to wrist or ankle (except known open skull fractures=Level I)
- Crushed, degloved or mangled extremity
- One proximal long-bone fracture
- Assault or blunt trauma with prolonged LOC (> 5 min.)
- Burns 10-20% BSA with associated injuries

LEVEL III Trauma

Surgery consult for all admissions or at EM physician request prior to discharge

- Trauma in patients Age 55 or older
- Pregnancy in traumatic event with abdominal pain
- All other Motorcycle or ATV crash

LEVEL IV Trauma

Surgery consult at EM physician request prior to discharge

- Penetrating injury distal to T-shirt or boxer short coverage area
- Pregnancy in traumatic event without abdominal pain
- Lower-risk crash:
 - All other MVC
 - Auto v. pedestrian/bicyclist/scooter < 20 MPH
- Falls < 20 feet/steps
- Burns $< 10\%$ without associated injuries
- Amputation distal to wrist or ankle
- Assault or blunt trauma without prolonged LOC (< 5 min.)
- Near drowning/near hanging
- Taser injury
- Hypothermia < 34 C
- Bites (animal, venomous, human)
- Lacerations other than to neck and torso
- Sports injuries
- Injury with unspecified or unknown mechanism
- At EMS discretion

Upgrading should occur:

- If the patient's physiologic condition deteriorates after arrival
- If the ED physician feels the patient requires emergent multidisciplinary care.