

ED Protocol #1

Approved 7/24/21



Trauma Triage Classification

Trauma Code I

Patients will be triaged to Resuscitation and will generate a Code I - Major Resuscitation trauma team response requiring the presence of a Trauma Attending within 15mins of arrival, (**unless informed by the PGY 4/5 that patient does not meet criteria**) if one of the following criteria is met:

1. CONFIRMED blood pressure (BP) <90 mmHg at any time in adults and age specific hypotension for children (one pre hospital or two consecutive in the ED)
2. Respiratory compromise / obstruction and / or in need of an emergency airway. Includes intubated patients who are transferred from another facility with on going respiratory compromised. (Does not include patients intubated at another facility who are now stable from a respiratory standpoint.)
3. Transfer patients from other hospitals receiving blood to maintain vital signs
4. Gunshot wounds to the neck, chest, or abdomen.
5. GCS <9 with mechanism attributed to trauma. Excluding isolated GSW to the head
6. Emergency physicians' discretion

Senior resident on call will contact the trauma attending within 15 minutes of patient's arrival

Trauma Code II

Patients will be triaged to Resuscitation and will generate a Code II trauma team response if one of the following criteria is met:

Mechanism (based on pre-hospital report)

- 1 SW to the neck, chest, abdomen, or back
- 2 Flail chest
- 3 Two or more long bone fractures
- 4 MVC with ejection or rollover
- 5 MVC requiring extrication
- 6 Auto vs. pedestrian/bicycle MVC
- 7 High speed (> 50 mph) MVC
- 8 MVC with co-occupant death
- 9 All penetrating trauma to the head, groin, buttock or **proximal to the elbow or knee.**
- 10 Motorcycle crash > 20 mph or separation of rider from bike
- 11 Hangings
- 12 Falls > 10 feet
- 13 Amputations proximal to wrist or ankle
14. Tourniquet applied to control bleeding prior to arrival
15. All trauma transfers not meeting Code I criteria, **intubated no respiratory compromise and/or at the discretion of the trauma attending.**
16. . Blunt trauma to the head on anticoagulant or antiplatelet medication. Aspirin alone does not require activation.”
17. Trauma patient 70 years and older SBP <110

18.. May upgrade at the discretion of ED attending based on pre-hospital report

Senior resident on call will contact the trauma attending within 30 minutes of the patient arrival.

Trauma Code III

The following patients will be triaged to Resuscitation and will generate a Code III trauma team response. The majority of these patients will be DOA.

- 1 Absent vitals at scene with no signs of life and transport time > 5 minutes

Trauma Code IV

The following Burn injuries will be triaged to the resuscitation bay and paged out as a "Code IV Burns". A Trauma Code IV will generate the **same response as a Code I** but will include the Burn resident and Burn Attending on call.

1. 10% TBSA or greater
2. Smoke inhalation injury
3. High-energy electrical injury

Burn injured patients with mechanism of injury related to trauma will be called as a trauma, the appropriate level of the code will be based on pre-hospital clinical assessment. Burn will be called to evaluate the patient in resuscitation.

Trauma V

Trauma patients not meeting criteria listed for Codes I - IV will be triaged to the modules and will have a surgical consult initiated within 60 minutes of arrival if they exhibit one or more of the following:

- 1 GCS < 14.
- 2 HR < 60 or > 120
- 3 Requires more than 1 service in consult (i.e.: plastic surgery and Orthopedics, etc.). Exception: Isolated facial trauma in an alert, non-intoxicated stable patient who requires evaluation by only the facial fracture services (ENT/Oral surgery/Plastics) and/or ophthalmology. Facial injuries requiring Neurosurgery plus another consultant still require general surgical consult).
- 4 Any trauma patient re-triaged from Resuscitation
- 5 May upgrade at discretion of ED attending physician

Retriage Trauma Code:

Trauma Codes that are alerted by trauma pager; but are later re-triaged by Emergency Room Department Attending's upon patient's arrival, will receive an automatic surgical consult with in 30 minutes of arrival. For trauma consult the resident on call will contact the trauma attending within 60 minutes of the consult. Attending will see the patient within 24 hours of the patients consult not unless the patient is in the OR and or out for a procedure.

Reference: Resource for Optimal Care