

Date _____ Patient arrival time: _____ Level (circle one): **A B** Patient Discharge Time: _____
Check all criteria met by patient. Method of arrival: EMS _____ Air Med _____ POV _____

Trauma Alert A – Stabilize and Initiate Transfer to the appropriate Trauma Center (Cat. A - ED time < 1 hrs.)

- | | |
|---|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> All penetrating injury to head, neck, torso or proximal to knee/elbow <input type="checkbox"/> Respiratory compromise/obstruction <input type="checkbox"/> GCS < 14 with traumatic mechanism <input type="checkbox"/> O₂ sat < 92% <input type="checkbox"/> Adult SBP < 100 <input type="checkbox"/> Greater than sixty-four (64) years of age with SBP ≤ 110 <input type="checkbox"/> Child < 1 year with SBP < 70 or HR < 100 or > 190 <input type="checkbox"/> Child 1-9 years with SBP < 70 + 2X age (in years), HR < 80 or > 150 <input type="checkbox"/> New onset paralysis <input type="checkbox"/> Pulseless extremity with traumatic mechanism <input type="checkbox"/> Sexual Assault (SANE) | <ul style="list-style-type: none"> <input type="checkbox"/> Amputation proximal to wrist or ankle <input type="checkbox"/> Two or more proximal long bone FX (humerus, femur, tibia) <input type="checkbox"/> Unstable Pelvic FX <input type="checkbox"/> Trauma transfer receiving blood or blood products <input type="checkbox"/> Any open FX (humerus, tibia, femur) <input type="checkbox"/> Core Temperature ≤ 95° F <input type="checkbox"/> Burns ≥20% BSA as determined by ED <input type="checkbox"/> Suspected or confirmed inhalation injury <input type="checkbox"/> Temperature less than or equal to 95 degrees F <input type="checkbox"/> Crush injuries <input type="checkbox"/> ED MD discretion |
|---|---|

| Trauma Alert B (Cat. B) | | Trauma Alert B - Transfer Track (Cat. B) (ED time ≤ 2 hours) | | | | | | | | | | | |
|--|---|--|---|---|--|---|---|--|--|--|--|--|--|
| ED NURSE | MVC <input type="checkbox"/> with ejection (partial or complete) <input type="checkbox"/> speed > 30 mph <input type="checkbox"/> intrusion: > 12 inches occupant side or > 18 inches any side <input type="checkbox"/> death in same passenger compartment <input type="checkbox"/> FALLS (> 10 feet or 2x child's height) <input type="checkbox"/> ASSAULT/CHILD ABUSE <input type="checkbox"/> AUTO PEDESTRIAN MOTORCYCLE/ATV/BIKE/LARGE ANIMAL <input type="checkbox"/> separation of rider <input type="checkbox"/> crash speed > 20 mph <input type="checkbox"/> run over <input type="checkbox"/> BURN <input type="checkbox"/> HANGING/IMMERSION <input type="checkbox"/> SNAKEBITE | ED PHYSICIAN | ED Physician: _____ Exam Time: _____ CHECK ANY POSITIVE FINDINGS | | | | | | | | | | |
| | <input type="checkbox"/> Greater than sixty-four (64) years of age with SBP ≤ 120 <input type="checkbox"/> Pregnant over 20 weeks gestation | | | | | | | | | | | | |
| | <table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <u>HEAD</u> <input type="checkbox"/> any skull fracture <input type="checkbox"/> documented LOC > 5 minutes </td> <td style="width: 50%; vertical-align: top;"> <u>NEUROLOGIC</u> <input type="checkbox"/> focal deficit <input type="checkbox"/> traumatic paresis <input type="checkbox"/> GCS < 15 </td> </tr> <tr> <td style="vertical-align: top;"> <u>MUSCULOSKELETAL</u> <input type="checkbox"/> femur FX (not isolated hip) <input type="checkbox"/> spine FX </td> <td style="vertical-align: top;"> <u>ABDOMEN</u> <input type="checkbox"/> severe abdominal pain <input type="checkbox"/> seat belt "abrasions" </td> </tr> <tr> <td colspan="2"> <u>BURNS</u> <input type="checkbox"/> less than 20% BSA (face, hands, feet, genitalia, perineum, and/or major joints) </td> </tr> <tr> <td colspan="2"> <u>CHEST</u> <input type="checkbox"/> multiple (> 2) rib fractures <input type="checkbox"/> sub Q air <input type="checkbox"/> pneumothorax/hemothorax <input type="checkbox"/> O₂ saturation < 92% <input type="checkbox"/> significant neck and/or chest abrasions </td> </tr> <tr> <td colspan="2"> <input type="checkbox"/> Snakebite with envenomation <input type="checkbox"/> ED PHYSICIAN DISCRETION </td> </tr> </table> | | <u>HEAD</u> <input type="checkbox"/> any skull fracture <input type="checkbox"/> documented LOC > 5 minutes | <u>NEUROLOGIC</u> <input type="checkbox"/> focal deficit <input type="checkbox"/> traumatic paresis <input type="checkbox"/> GCS < 15 | <u>MUSCULOSKELETAL</u> <input type="checkbox"/> femur FX (not isolated hip) <input type="checkbox"/> spine FX | <u>ABDOMEN</u> <input type="checkbox"/> severe abdominal pain <input type="checkbox"/> seat belt "abrasions" | <u>BURNS</u> <input type="checkbox"/> less than 20% BSA (face, hands, feet, genitalia, perineum, and/or major joints) | | <u>CHEST</u> <input type="checkbox"/> multiple (> 2) rib fractures <input type="checkbox"/> sub Q air <input type="checkbox"/> pneumothorax/hemothorax <input type="checkbox"/> O ₂ saturation < 92% <input type="checkbox"/> significant neck and/or chest abrasions | | <input type="checkbox"/> Snakebite with envenomation <input type="checkbox"/> ED PHYSICIAN DISCRETION | | |
| | <u>HEAD</u> <input type="checkbox"/> any skull fracture <input type="checkbox"/> documented LOC > 5 minutes | | <u>NEUROLOGIC</u> <input type="checkbox"/> focal deficit <input type="checkbox"/> traumatic paresis <input type="checkbox"/> GCS < 15 | | | | | | | | | | |
| | <u>MUSCULOSKELETAL</u> <input type="checkbox"/> femur FX (not isolated hip) <input type="checkbox"/> spine FX | | <u>ABDOMEN</u> <input type="checkbox"/> severe abdominal pain <input type="checkbox"/> seat belt "abrasions" | | | | | | | | | | |
| | <u>BURNS</u> <input type="checkbox"/> less than 20% BSA (face, hands, feet, genitalia, perineum, and/or major joints) | | | | | | | | | | | | |
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| <input type="checkbox"/> Snakebite with envenomation <input type="checkbox"/> ED PHYSICIAN DISCRETION | | | | | | | | | | | | | |

Disposition: Home Floor OR Morgue Acute transfer to _____ EMS called: _____ ETA: _____ EMS Arrival: _____

Regional Trauma Level Alert Form

Patient Label