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| --- | --- | --- |
| **RED** | **YELLOW** | **GREEN** |
| **Patients who sustain injuries and any physiological, anatomical, or mechanisms noted below.**  |
| **Physiologic Primary Survey****Airway*** Inability to adequately ventilate or Compromised airway, Intubated

**Breathing*** Signs of Respiratory Insufficiency, Rate <10 or > 29 per minute (Hypoxia, accessory muscle use or grunting.

**Circulation*** Traumatic arrest
* SBP < 90 in adults
* Shock in Pediatrics
* Capillary Refill > 2 sec. or SBP low for the age
* Shock Index >1 (HR/SBP)

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| --- | --- |
| **Age** | **SBP (mm Hg)** |
| <1 y | <60 |
| 1–10 y | <70 + 2× age |
| >10 y | <90 |

**Deficit*** GCS motor score ≤5, GCS ≤13.
* AVPU: responsive to pain or unresponsive

**Secondary Survey*** Penetrating injury to head, neck, or torso or extremities proximal to elbow/knee
* Open or Depressed Skull Fracture, Head injury & GCS

≤13* Neurologic deficit or paralysis
* Penetrating injury to extremity

**without** pulse* Major vascular injury
* Amputation proximal to wrist or ankle
* Burns/Inhalation injury and/or TBSA >20%
* Transfer from another hospital & receiving or received blood to maintain vitals
* Crushed, degloved, or mangled extremity proximal to wrist or ankle
* Transfer from another facility that meets RED criteria
* ED MD discretion
 | **Secondary Survey - Anatomic*** Loss of consciousness with suspected head injury and a corresponding GREEN criterion.
* Flail chest or multiple rib fractures.
* Pregnancy > 20 weeks with suspected abdominal or pelvic injury.
* Pelvic fractures.
* 2 or more proximal long bone fractures.
* Penetrating injury to extremity with pulse.
* Age ≥ 65 with any other GREEN criteria.
* Age ≥ 65 fall within 24hrs w/suspected head injury and altered GCS from baseline.
* Age ≥ 65 with evidence of chest trauma (rib pain or concern for rib fractures)
* Burns

Electrical burns Lightning burnsTBSA ≤20% & > 10%* Transfer from another facility for specialized trauma care.

**“Mechanism-only”*** Extrication > 20 minutes
* Ejection from motorized mode of transport or equestrian
* Death of another person in same passenger compartment.
* Blast or Explosion.
* Auto-pedestrian, motorcycle-pedestrian, auto-bicycle, thrown, run over, or with impact > 20 mph
* Motorcycle crash > 20 mph
* Falls from any height on anticoagulation therapy.
* Adults falls > 10 feet
* Peds falls > 10 feet or > 2x height
* Blunt abdominal injury with firm or distended abdomen or + seatbelt signs.
* Drowning or near-drowning, ***with known or suspected traumatic injuries***
* ED MD discretion.
 | **"Mechanism-only"*** Patients with a normal level of consciousness, age appropriate normal vital signs, and without obvious serious injury.
* Rollover
* High-speed crash evidenced by:
	+ Speed > 35 mph
	+ Intrusion into occupant compartment > 12 inches
	+ Auto deformity > 18 inches
* Hanging or near-hanging with GCS ≥14
* Burns with TBSA ≤ 10%

- **Patients requiring outpatient follow up at the burn clinic, or inpatient admission should receive a burn service consultation prior to the final ED disposition.****"Mechanism-only"*** Considerations for upgrade to YELLOW in patients with pre- existing conditions.
* Trauma "mechanisms" not currently defined in the pre- hospital trauma triage decision scheme; mechanisms like those defined may qualify as a GREEN. Including blunt assaults.
* ED MD discretion
 |
| **RED** | **YELLOW** | **GREEN** |
| **Team Response** | **Team Response** | **Team Response** |
| * Trauma Attending.
* Designated Trauma Chief or Senior Resident
* Designated Trauma Junior Resident
* Emergency Department physician
* Anesthesia
* Respiratory Therapist.
* Radiology technician
* Chaplain and / or Social Worker
* OR charge nurse.
* Including all required individuals

that respond to Yellow Trauma Pages. | * Trauma Attending (Not required for initial response but are available in-house).
* Designated Trauma Chief or Senior Resident
* Designated Trauma Junior Resident
* Emergency Department physician
* Respiratory Therapist
* Radiology technician
* Chaplain and / or Social Worker
* Including all individuals that respond to Green Trauma Pages.
 | * Emergency Medicine Attending
* Emergency Medicine resident ED.
* Trauma/ ED Nurse.
* ED paramedic or PCT.
* Registration.
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| * Trauma Attending within

**15** minutes of patient arrival | * Designated Trauma Attending, Fellows, Senior/ Junior Resident, Trauma APP, ED Attending, or ED Resident within

**15** minutes of patient arrival | * Emergency Medicine Attending/Resident within **2** hours of patient arrival
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\*\*\*All Trauma Green activations requiring Trauma consult will remain consistent with facility consult standards:

* Emergency ED consult: <1 hour from notification
* Urgent ED consult: <2 hours from notification