

Trauma Patient Admission Criteria

Trauma patients can be complex with multiple injuries requiring various management strategies, interventions, and care. As a result, determining the appropriate level of care for admission can be challenging. The following represents a list of criteria/conditions that may help guide level of care decision making for the trauma patient.

ICU ADMISSION

- Grade IV or greater solid organ injury or Grade III injury with blush/active extravasation
- Any hemodynamic instability
- Base deficit >6
- Pelvic fractures requiring blood transfusion or IR angiogram/embolization
- Any spine fracture with neurologic deficit
- Mandible fracture with edema or hematoma
- Traumatic brain injury with GCS<13
- Patient >55 yrs of age, on anticoagulation with abnormal CT head
- Risk of airway compromise
- High risk rib fracture patient with FRC<1000mL
- Presence of pulmonary co-morbidities
- Blunt myocardial injury with new
 - arrhythmia
 - hemodynamic instability
 - cardiac failure
- Unstable spine injury
- Frontal contusions >2cm
- Solid organ/pelvis/abdominal injuries with evidence of active extravasation on CT scan
- need for q1hr vital signs/neuro-vascular checks/interventions/etc.
- Trauma attending discretion

SDCC Admission

- Grade II/III solid organ injury without blush/active extravasation on CT
- presence of multiple injuries
- Rib fractures with FRC between 1000mL--1500mL
- Any patient on pre-injury anticoagulation therapy with an injury not requiring ICU
- Major soft tissue trauma in patients on anticoagulation therapy
- Need for q2hr vital signs/neuro-vascular checks/interventions/etc.
- Presence of multiple co-morbidities

- Age > 70
- C-spine fractures exclusive of spinous and transverse process fractures (without neurologic injury)
- History of sleep apnea who needs narcotics
- New CPAP/BiPAP requirements
- Trauma attending discretion

FLOOR Admission

- all other trauma patients who do not meet criteria for ICU or SDCC admission
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