

# Trauma Team Activation (TTA) Criteria



## Trauma Team Activation Criteria

<b>Level 3 Activation Criteria</b>	<p><b>Physiologic Criteria: ***For patients who are or suspected to be 14 and younger use pediatric considerations</b></p> <ul style="list-style-type: none"> <li>✓ Code 99 / Traumatic Cardiopulmonary Arrest</li> <li>✓ Airway: Intubated or needing emergent airway (i.e. facial injury impacting airway, inhalation injury, stridor, etc.)</li> <li>✓ Breathing: respiratory compromise (rate &lt;12 or &gt;29/minute)</li> <li>✓ Circulatory: Transfer from other hospital or scene receiving blood to maintain VS</li> </ul>	<ul style="list-style-type: none"> <li>✓ Circulatory: Hypotension SBP &lt;90               <ul style="list-style-type: none"> <li>○ Shock index HR/SBP = &gt;1</li> <li>○ Geriatric &gt;65 yrs, SBP ≤110</li> <li>○ Pediatric, SBP &lt; (70 = 2x age in yrs)</li> </ul> </li> <li>✓ Disability: GCS &lt; 14 with MOI attributed to trauma</li> <li>✓ Disability: Moderate/Severe hypothermia (≤32.2°C or 90°F)</li> </ul>
	<p><b>Anatomic &amp; Mechanism of Injury:</b></p> <ul style="list-style-type: none"> <li>✓ Penetrating injury to the neck, torso, abdomen, or extremities proximal to elbow/knee</li> <li>✓ High-risk auto crash: Ejection (partial or complete)</li> <li>✓ Open/depressed skull fracture</li> <li>✓ Transfer with known intracranial hemorrhage with unstable GCS ≤13, &gt;1cm shift, or potential herniation</li> <li>✓ Spinal cord injury/paralysis or neurological deficits</li> <li>✓ Chest wall instability or deformity</li> <li>✓ Suspected unstable pelvic fracture</li> <li>✓ 2 or more long bone fractures (humerus/femur)</li> <li>✓ Amputations proximal to the wrist or ankle</li> <li>✓ Threatened limb/pulseless extremity resulting from blunt trauma (i.e. crushed, degloved, or mangled) proximal to the wrist or ankle</li> </ul>	
<b>Level 2 Activation Criteria</b>	<p><b>Physiologic Criteria: ***For patients who are or suspected to be 14 and younger use pediatric considerations.</b></p> <ul style="list-style-type: none"> <li>✓ Breathing: Respiratory distress with suspected or confirmed pneumothorax (non-tension) or 3 or more rib fractures in any location</li> <li>✓ Disability: GCS=14-15 with MOI but without obvious injury</li> </ul>	
	<p><b>Anatomic &amp; Mechanism of Injury:</b></p> <ul style="list-style-type: none"> <li>✓ Falls:               <ul style="list-style-type: none"> <li>○ Adults &gt;20 feet</li> <li>○ Pediatric 10-19ft or 3x height (1 step = 1 foot)</li> <li>○ From any height if anti-coagulated</li> <li>○ GLF hit head and anti-coagulated</li> </ul> </li> <li>✓ Motor Vehicle Accident:               <ul style="list-style-type: none"> <li>○ Intrusion into the occupant compartment</li> <li>○ Death of occupant in same auto</li> <li>○ Vehicle telemetry data consistent with high risk for injury (i.e. unrestrained or rollover, ≥40mph)</li> <li>○ Extrication from vehicle</li> <li>○ Pediatric: Child 0-9 y/o unrestrained or unsecured child safety seat</li> </ul> </li> <li>✓ Blunt abdominal injury with firm/distended abdomen or seatbelt sign</li> <li>✓ Amputation or penetrating injuries distal to the elbows/knee with active hemorrhage or concern for vascular injury</li> </ul>	
<p><b>Delayed Activation</b></p>		
<p><b>Trauma Activation that occurs anytime during patient dwelling in ED - Activate for physiological status changes that include above activation criteria</b></p>		

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### LEVEL 3 trauma team includes:

- Trauma attending
- Emergency medicine (EM) attending and resident
- PGY 4 or 5 surgical resident when available in house
- Junior surgical or EM residents on trauma service
- Trauma advanced practice providers (APP)
- Anesthesia resident (with immediate backup by anesthesia attending)
- Emergency department nurses and technicians

- Pharmacy
- Radiology technician
- Lab technician
- OR RN
- Blood bank (receives page to alert-do not respond in person)
- Spiritual care
- Respiratory therapy

### **LEVEL 2 trauma team includes:**

- EM attending and resident
- General surgery resident(s)
- Trauma advanced practice provider(s) (APP)
- Emergency department nurses and technicians
- Pharmacy
- Radiology technician
- Lab technician
- OR RN (receives page to alert--do not respond in person)
- Spiritual care
- Respiratory therapy
- Trauma attending must respond if PGY4 or 5 surgical resident is not available and must evaluate the patient within 30 minutes of patient arrival.
- If the trauma attending is not in attendance, the EM attending has overall responsibility.

### **LEVEL 1 - Trauma CONSULTATION**

These patients do not meet trauma activation criteria, but merit the expertise of trauma surgeon consultation and/or evaluation, i.e. isolated/single system injuries. A trauma service resident or APP will evaluate these patients within 30 minutes of consult being called and disposition of the patient will be determined within 60 minutes. If the patient requires admission, the trauma attending will evaluate these patients within 8 hours of consult regardless of patient location.

The EM physician or admitted physician will consult the trauma team for any patient requiring admission to the hospital for any traumatic injury that does not meet trauma activation criteria. This will include but is not limited to the following patients:

- Any patient with significant single system injury or multiple injuries
- Stable pelvic fractures (excludes isolated hip fractures)
- Stable chest injuries--rib fracture, sternal fracture, pneumothorax, seatbelt sign
- Minor brain injury (confirmed or suspected) with GCS 13-15
- Abdominal pain with significant mechanism of injury or seatbelt sign
- Spine fractures
- Pregnant patients who require admission to the OB floor for fetal monitoring
- Frostbite
- Any patient returning to the ED for care following treatment for a traumatic injury within the last 60 days

Patients who bypass the ED as a direct admit who are admitted for any injury meeting trauma criteria, will require a trauma consultation after notification of the admitting physician.

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