NOR-CAL EMS	4202	Minimum Facility Trauma Activation Guidelines
Nor-Cal EMS Policy & Procedure Manual		TRAUMA CARE SYSTEM
Effective Date: 01/01/2025		Next Revision: 01/01/2028
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Purpose:

To provide minimum trauma activation guidelines for facility protocol development in anticipation of the care needs of prehospital trauma victims.

Considerations:

Patients meeting limited or full trauma activation criteria require expeditious transport to an appropriate facility. Scene responsibilities are limited to determination and interventions relative to significant threats to life (i.e., air way and breathing management and control of external hemorrhage), and prompt alert. Facilities and trauma centers should anticipate all treatment needs and assign appropriate trauma activations based on the prehospital reporting and plan accordingly based on the resources available to them. Upon patient arrival, facilities must have an efficient plan to promptly stabilize and address care needs based on the resources available to them. Prompt recognition of patient needs in excess of facility resources requiring transfer must be identified as early as possible (*see NOR-CAL EMS policy 4203, Trauma Patient Interfacility Transfer*.

Note:

This policy does not provide facility ambulance diversion guidance. Prehospital personnel must use clinical judgment in coordination with a receiving facility in destination determination. Factors, such as patient presentation, stability, resource availability, and transport timeframes, require joint consideration with the patients' immediate needs taking priority.

Minimum Criteria:

<table>
<tr><td colspan="3"><u>FULL</u> Trauma Team Criteria
(Persons who sustain injury with any of the following)</td><td><u>LIMITED</u> Trauma Team Criteria (Persons who sustain injury with any of the following)</td></tr>
<tr><td colspan="3">PRIMARY SURVERY: PHYSIOLOGIC</td><td>MECHANISM OF INJURY</td></tr>
<tr><td>Airway

Breathing

Circulation

Deficit</td><td>• Unable to adequately ventilate
• Intubated or assisted ventilation
• Respiratory rate <10 or >29 per min
• SBP <90 mmHg
• GCS motor score ≤5, GCS ≤13</td><td>• Unable to adequately ventilate
• Intubated or assisted ventilation
• Any sign of respiratory insufficiency (hypoxia, accessory muscle use, grunting)
• Any abnormal sign (Cap refill >2 sec, BP low for age)**
AVPU: Responsive to pain or unresponsive.</td><td rowspan="4">• Falls: >20 ft; child >10 or 3x height
• Fall from any height if anti coagulated adult.
• High-risk auto crash with
- Intrusion of vehicle >12’ in occupant compartment; >18” in other site.
- Ejection (partial or complete) from automobile
- Death in same passenger compartment
• Auto vs pedestrian/cyclist thrown, run over, or with significant (>20 mph) impact
• Motorcycle crash >20mph
• High-energy dissipation or rapid decelerating incidents for example:
- Ejection from motorcycle object with momentum
- Striking fixed object with head
- Blast or explosion
• High-energy electrical injury
• Burns >10% TBSA</td></tr>
<tr><td colspan="3">CONSIDERATIONS:
• Deterioration of previously stable patient
• Incoming transfers requiring blood transfusions</td></tr>
<tr><td colspan="3">SECONDARY SURVEY: ANATOMIC</td></tr>
<tr><td colspan="3">• Penetrating injuries to the head, neck, torso, or extremities
• Open or depressed skull fracture
• Paralysis or suspected spinal cord injury
• Flail chest
• Unstable pelvic fracture
• Amputation proximal to the wrist or ankle
• Two (2) or more long bone fractures (humerus or femur)
• Crushed, degloved, or mangled extremity</td></tr>
</table>

	(2nd or 3rd degree) and/or inhalation injury • Suspicion of hypothermia, drowning, hanging • Suspected non-accidental trauma • EMS provider judgment • Blunt abdominal injury with firm or distanced abdomen or with seatbelt sign

Circulation Reference	
Age	Systolic Blood Pressure (mmHg)
>1 year	<60
1-10 years	<70+2x age (minimum)
> 10 years	<90