

Michigan Trauma Coalition Trauma Activation Criteria Disclaimer Statement

The Michigan Trauma Coalition (MTC) is a non-profit, membership organization comprised of trauma centers, health care professionals and organizations dedicated to reducing traumatic injuries while developing better care and treatment for trauma patients in Michigan. The trauma activation criteria presented on MTC's website are for informational purposes only and are not meant as advice of any kind. Please consult your legal counsel before implementing any trauma activation criteria or guidelines. The trauma activation criteria presented on MTC's website are examples only and are not intended to replace clinical judgment.

MTC makes no representations or warranty, express or implied, about the trauma activation criteria or any other items used either directly or indirectly from MTC's website, and reserves the right to makes changes and corrections at any time, without notice. MTC accepts no liability for any inaccuracies or omission in the trauma activation criteria or in MTC's website. Any decisions you make based on information contained in the guidelines or MTC's website are solely your responsibility. MTC accepts no liability for any direct, indirect, special, consequential or other losses or damages of whatsoever kind arising out of access to, or the use of the trauma activation criteria or MTC's website. MTC does not assume any legal liability or responsibility for the accuracy, completeness, clinical efficacy, and effectiveness of the trauma activation criteria hosted on MTC's website. The hosting of these activation criteria should not be considered an endorsement of its content, product, or apparatus or refutation of any alternate management strategy.

By using MTC's website, you agree that the exclusions and limitations of liability are reasonable. If you do not agree, you must not use the MTC website, including the activation criteria. No materials, including the activation criteria from the MTC website, may be reproduced, republished, posted, transmitted, or distributed in any way. The use of any such material for any other reason, on any other website, or the modification, distribution, or republication of this material without prior written permission of MTC, is strictly prohibited.

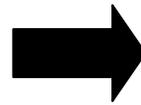
31443:00001:1799783-2

See Pg. 2 for Sample Pediatric Trauma Activation Criteria # 1

Pediatric Trauma & Burn Activation Criteria

- Gunshot wounds, impaled objects or penetrating wounds to the head, neck, chest or abdomen
- High voltage electric injury/lightning strike (not transferred from another facility)
- Threatened limb: near or total amputation proximal to the wrist/ankle, pulseless extremity, significant crush injury
- Any burns with unstable vital signs
- Subdural epidural of > 1cm thickness(transferred from another facility)
- GCS ≤ 8 with mechanism attributed to trauma
- Documented decline in neurologic status
- Paralysis following traumatic injury
- Focal neurologic deficit with mechanism attributed to trauma
- All intubated patients with mechanism of injury attributed to trauma
- Patient receiving blood or fluids to maintain vital signs

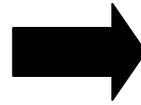
Age	Respiratory Rate		Systolic BP
0 to 1 years	< 35 or > 50/minute	Or	< 60 mmHg
2 to 5 years	< 25 or > 40/minute	Or	< 70 mmHg
6 to 12 years	< 15 or > 35/minute	Or	< 80 mmHg
>12 years	< 10 or > 30/minute	Or	< 90 mmHg



Class I Trauma

- Multi-system injuries
- Open long bone fractures
- Burns > 20% (full or partial thickness)
- Full-thickness circumferential burns or inhalation injury with threat of airway compromise
- ALL solid organ injuries
- GCS 9 – 13 (not related to medication administration)
- No change in GCS from initial evaluation
- No focal neurologic finding
- No respiratory distress and no need for emergent invasive airway (respiratory rate within range below)
- No signs or symptoms of shock (SBP within range below)
- No ongoing fluid infusion to maintain SBP

Age	Respiratory Rate		Systolic BP
0 to 1 years	35 - 50/minute	Or	> 60 mmHg
2 to 5 years	25 - 40/minute	Or	> 70 mmHg
6 to 12 years	15 - 35/minute	Or	> 80 mmHg
>12 years	10 - 30/minute	Or	> 90 mmHg



Class II Trauma

- Isolated injury
- Burns >5% partial-thickness burns >2% full-thickness
- Any burn to face, hand, foot, genitalia, perineum or joints
- ALL pediatric patients that will be admitted with a mechanism of injury that has the potential for suspected child abuse



**Class III
Trauma Consult**

- **Isolated Head Injury** with cardiovascular instability or suspicion for multi-system injury are designated Class I or Class II as outlined above
- **Isolated Blunt Head Injury** secondary fall from standing height or less & low suspicion of multi-system injury despite neurologic/respiratory status will have Neurosurgery consult only.
- **Near Drowning and Hanging Injuries** are to be classed as trauma patients using the physiologic parameters outline above for classification
- **Pregnant Patients** with injuries will be classed as designated above based on severity of injury to the mother
- **All Pregnant Patients** ≥20 weeks gestation will have immediate OB consultation in ED (exception: isolated distal extremity injuries). Fetal monitoring will be initiated upon arrival to the ED via modem to Labor and Delivery.