Reminders:
- All transfers leveled according to criteria
- Once activated, no downgrades should occur
  – If patient was misleveled by criteria, their level
    may be corrected to the appropriate level
- If patient condition deteriorates, upgrade to
  Level I
- If patient receiving blood products, they are
  a Level I
- Attending on call pager number – 314-253-2281

Vital Sign Frequency:
- Level 1 Trauma – Manual BP x1 and temperature
  upon arrival. Full set vital signs q 5 minutes until
  stable, then q 15 min x4 and q 30 min x2,
  hourly vitals until admission/disposition.
- Level 2 & 3 Traumas – Full set vital signs upon
  arrival, q 1 hour until stable, then q 4 hours until
  admission/disposition.
<table>
<thead>
<tr>
<th>LEVEL I Trauma</th>
<th>LEVEL II Trauma</th>
<th>LEVEL III Trauma</th>
<th>LEVEL IV Trauma</th>
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<tbody>
<tr>
<td>Immediately activate the Level I Trauma Pager</td>
<td><strong>Glasgow Coma Scale &lt;14 (at time of report)</strong>&lt;br&gt;• Systolic blood pressure &lt;90&lt;br&gt;• Respiratory rate &lt;10 or &gt;29 OR&lt;br&gt;• Airway compromise or obstruction, flail chest, hemo or pneumothorax, patients intubated prehospital.&lt;br&gt;• Uncontrolled hemorrhage or receiving blood&lt;br&gt;• Penetrating injuries to head, neck, T-shirt or boxer short coverage areas.&lt;br&gt;• Extremity trauma proximal to wrist or ankle with loss of distal pulse&lt;br&gt;• Amputation/near amputation proximal to wrist or ankle&lt;br&gt;• Paralysis or signs of spinal cord or cranial nerve injury (temporal bone fx)&lt;br&gt;• Major burns of ≥20% BSA&lt;br&gt;• Any signs of inhalation injury&lt;br&gt;• Electrical injury ≥ 200 volts (does not include Taser injury)&lt;br&gt;• Two or more long-bone fractures (humerus/femur)&lt;br&gt;• Pelvic fractures (known on arrival)&lt;br&gt;• Open or depressed skull fractures (known on arrival)</td>
<td><strong>Activate the Level II Trauma Pager on arrival</strong>&lt;br&gt;• Fall ≥ 20 feet/steps&lt;br&gt;• High-risk auto crash:&lt;br&gt;  - Intrusion &gt;12 inches&lt;br&gt;  - Ejection (partial or complete)&lt;br&gt;  - Rollover&lt;br&gt;  - Death in same passenger compartment&lt;br&gt;  - MVC &gt;40 MPH with rapid deceleration&lt;br&gt;• High-risk pedestrian, cycle, ATV crash:&lt;br&gt;  - Auto v. pedestrian/bicyclist/scooter thrown, run over or with significant (≥ 20 MPH) impact&lt;br&gt;  - Motorcycle or ATV ≥ 20 MPH with separation of rider&lt;br&gt;  - Any ATV crash with rollover&lt;br&gt;• Open fractures proximal to wrist or ankle (except known open skull fractures = Level I)&lt;br&gt;• Crushed, degloved or mangled extremity&lt;br&gt;• One proximal long-bone fracture&lt;br&gt;• Assault or blunt trauma with prolonged LOC (&gt;5 min.)&lt;br&gt;• Burns 10-20% BSA with associated injuries</td>
<td>Surgery consult at EM physician request prior to discharge&lt;br&gt;• Penetrating injury distal to T-shirt or boxer short coverage area&lt;br&gt;• Pregnancy in traumatic event without abdominal pain&lt;br&gt;• Lower-risk crash:&lt;br&gt;  - All other MVC&lt;br&gt;  - Auto v. pedestrian/bicyclist/scooter &lt;20 MPH&lt;br&gt;• Falls &lt;20 feet/steps&lt;br&gt;• Burns &lt;10% without associated injuries&lt;br&gt;• Amputation distal to wrist or ankle&lt;br&gt;• Assault or blunt trauma without prolonged LOC (&lt;5 min.)&lt;br&gt;• Near drowning/near hanging&lt;br&gt;• Taser injury&lt;br&gt;• Hypothermia &lt;34 C&lt;br&gt;• Bites (animal, venomous, human)&lt;br&gt;• Lacerations other than to neck and torso&lt;br&gt;• Sports injuries&lt;br&gt;• Injury with unspecified or unknown mechanism&lt;br&gt;• At EMS discretion</td>
</tr>
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**Upgrading should occur:**<br>• If the patient’s physiologic condition deteriorates after arrival<br>• If the ED physician feels the patient requires emergent multidisciplinary care.