

UNC MEDICAL CENTER

TRAUMA TRIAGE CRITERIA

V.20240409

UNC Emergency Department

Main ED: 984-974-4721
 Charge Nurse: 984-974-5602
 Pediatric ED: 984-974-1405
 BAT Phone: 984-974-2024

UNC Patient Logistics Center (Patient Transfers) 984-974-4500



TRAUMA FEEDBACK OR INQUIRIES:
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PEDIATRIC TRAUMA TEAM ACTIVATION CRITERIA

Ages 0-15 Years

Known or suspected traumatic mechanism of injury plus one or more of the following criteria:



PEDIATRIC RED TRAUMA

AIRWAY

- Need for emergent airway or airway obstruction
- Intubation (pre-hospital and interfacility transfers)
- Blunt maxillofacial injuries with airway concerns
- Suspected inhalation injury

BREATHING

- Respiratory compromise/distress/failure
- Pneumothorax with respiratory distress
- Hemothorax

CIRCULATION

- Cardiac arrest at any time
- Age-specific hypotension at any time:
 - Age 0-9: SBP less than (70 + 2x age in years)
 - Age 10 and older: SBP less than 90
- Receiving blood or vasopressors
- Penetrating injury to head, neck, torso, chest, back, abdomen, pelvis, or extremity proximal to elbow/knee (excludes animal bites not otherwise meeting RED TRAUMA criteria)

DISABILITY

- GCS 3-10
- Known intracranial bleed (SDH, EDH, SAH) and GCS 3-12
- Any GCS deteriorating by 2 or more
- Suspected spinal cord injury with neuro deficits or limb paralysis

EXTREMITY

- Neurovascular compromise
- Pulseless extremity
- Amputation proximal to wrist/ankle
- Tourniquet in place
- Unstable pelvis fracture

OTHER

- Drowning or hanging or asphyxiation meeting other RED TRAUMA criteria
- ED Attending or Trauma Surgeon discretion

PEDIATRIC YELLOW TRAUMA

SPECIFIC TRAUMATIC INJURIES

- Altered mental status (agitation, somnolence, slow response, repetitive questioning)
- GCS 11-14 and stable/improving
- Known intracranial bleed (SDH, EDH, SAH) and GCS 13-15
- Open, depressed, or palpable skull fracture
- Blunt maxillofacial injuries without airway concerns
- Focal neck or spine pain
- Asymptomatic pneumothorax or stable chest tube in place
- Crush injury to chest or pelvis
- Stable pelvis fracture
- Confirmed solid or hollow organ injuries
- 2 or more long bone (femur or humerus) fractures
- Any open long bone fracture (femur or humerus)
- Animal bites to the head, neck, chest, abdomen or pelvis
- Burns with known or suspected trauma or unwitnessed

HIGH-RISK MECHANISMS

- MVC with patient ejected from restraint or unrestrained
- MVC with death or severe injury of same-car occupant
- ATV or motorbike ejected
- Car vs. pedestrian or bicycle
- Falls > 1 story or > 10 feet or > 2-3 times patient's height
- High energy electrical injury
- Blast injury or explosion
- Drowning or hanging or asphyxiation not meeting RED TRAUMA criteria
- ED Attending or Trauma Surgeon discretion

PEDIATRIC GREEN TRAUMA (URGENT CONSULT)

OTHER INJURIES

- Isolated head injuries but not RED/YELLOW
- Single/multi system injuries with significant mechanism of injury (excluding ground level falls) but not RED/YELLOW
- Single system injuries to be admitted to medicine service
- Suspected NAT/child abuse requiring admission
- Injured patient to be transferred to another hospital (including Hillsborough Campus)
- ED Attending or Trauma Surgeon discretion

ED Trauma Page Format

1. Ped or Adult	Example 1. Peds Yellow Update from CFVMC, 7 yo F MVC. VS Stable. ETA 15min. ED Rm. 1
2. Yellow or Red	
3. Pre-alert / Scene / Update	
4. Agency	
5. Age	
6. Gender	Example 2. Adult Red Pre-Alert from Chatham. 60 yo M. GSW face. Intubated. VSS. ETA 40min CAC.
7. MOI / Injuries	
8. VS: Stable vs. Unstable	
9. ETA	
10. CAC or ED Rm Assignment	

ED Geriatric Trauma Expedited Evaluation:

Any patient age 65 or older from scene with head and/or chest injury:

- ESI 2 (provider evaluation within 15min)
- Expedited radiology and lab tests (as needed)
- Elevate to Red or Yellow alert (as needed)

Adult Trauma Consult:

- Patients w/multiple injuries who do not meet criteria
- Patients with injuries admitted for pain control
- Isolated eye trauma or hip fracture or patients with multiple injuries considered for transfer

EMERGENCY OR TRAUMA PHYSICIAN DISCRETION

ADULT RED (AGE 16 and Older)

AIRWAY

- Airway obstruction/suspected inhalation burn or are in need of an emergent airway
- Intubation prior to arrival (scene and interfacility)

BREATHING

- Respiratory compromise/distress/failure

CIRCULATION

- Traumatic cardiac arrest during transport
- SBP < 90 **at any time** during transport
- Receiving blood or vasopressors
- Penetrating injuries to the head, neck, chest, abdomen, pelvis, or proximal to knee
- Pulseless extremity

DISABILITY

- GCS < 9 or **deteriorating by 2**, with traumatic MOI
- Suspected spinal cord injury with neuro deficits or limb paralysis

GERIATRIC UPGRADE (Age 65 and Older):

- Systolic BP < 110 at anytime during transfer
- Respiratory Rate < 10 or > 30
- Pulse Rate < 60 or > 110
- Hemo/pneumothorax
- Flail chest or multiple rib fractures
- Crush injury to chest or pelvis

EMERGENCY OR TRAUMA PHYSICIAN DISCRETION

ADULT YELLOW (AGE 16 and Older)

Vital Signs:

- Respiratory Rate < 10 or > 30
- Pulse Rate < 60 or > 110
- GCS 9-13 with traumatic MOI

Specific traumatic injuries:

- Open or depressed skull fracture
- Transfer patient with known head bleed on anticoagulants/antiplatelet other than aspirin
- Pneumothorax or Hemothorax
- Flail chest or multiple rib fractures
- Crush injury to chest or pelvis
- Crush or de-gloving injury proximal to wrist or ankle
- Knee or hip dislocation
- 2 or more suspected long bone fx femur/humerus)
- Open long bone fracture (femur or humerus)
- Tourniquet use who don't meet red criteria
- Amputation proximal to wrist or ankle who don't meet red criteria
- Burn patients with known or suspected trauma

EMERGENCY OR TRAUMA PHYSICIAN DISCRETION

Special Considerations for High-risk MOI / Scene

- MVC, MCC, ATV ejected or improper restraint
- Prolonged Extrication or Fatalities in same vehicle
- Car vs. pedestrian or bike
- Falls > 2 stories or 20 feet
- Special populations (ex. Comorbids, Age, Pregnancy, Coags. Etc.)