

911

ACTIVATION FROM FIELD REPORT

- Adult falls  $\geq$  12 feet/stairs
- PEDI (< 15 yrs) falls  $\geq$  2 X height of child or 10 feet, whichever is less.
- MVC with ejection, death of passenger, seatbelt sign (**chest or abd**) OR passenger compartment intrusion: >12" occupant site or >18" any site.
- MCC, motorized vehicles, bicycles, skateboards, scooters, etc. with > 20mph crash or with major impact
- PVA or BVA with significant impact.
- Re-triage of trauma patients meeting any '911' TTA criteria.

911

ACTIVATION FROM FIELD REPORT

- GCS 9-11 attributable to trauma
- Traumatic paraplegia or focal neuro deficits.
- PEDI  $\leq$  10 yrs: significant MOI not meeting '900' TTA.
- Patients  $\geq$  65 yrs with significant MOI and:
  - SBP <110 OR
  - any long bone fractures OR
  - taking any major anticoagulant
- ED Attending, Trauma Senior Resident or ED Charge Nurse.

911

ACTIVATION BASED ON ED EVALUATION

- > 3 rib fractures (acute) on CXR or chest CT.
- + intracranial hemorrhage attributed to trauma, not meeting 900 criteria.
- Gross hematuria attributed to trauma.
- $\geq$  2 fractures involving the femur, tibia or humerus.
- Open fractures of femur, tibia or humerus.
- Suspected extremity compartment syndrome.
- Burns > 10% BSA or suspected inhalation injury
- Penetrating extremity injuries distal to the elbow or knee with active external hemorrhage, expanding hematoma or pulse deficits.
- Patients found to meet any of the '911 Field report' criteria.
- '911' TTA at any time based at the discretion of the ED Attending, Trauma Senior Resident or ED Charge Nurse.



ZUCKERBERG  
SAN FRANCISCO GENERAL  
Hospital and Trauma Center

TRAUMA TEAM  
ACTIVATION  
CRITERIA

LEVEL 1 TRAUMA CENTER

Revised June, 2016

900

900

900

900

**ACTIVATION FROM FIELD REPORT**

- Confirmed SBP < 90 at any time in adults or age-specific hypotension in children.

AGE	Systolic Blood Pressure
<1 yr	SBP < 60
1-10 yrs	SBP < (70 + 2 x age)
> 10 yrs	SBP < 90

- Clinical evidence of hemorrhagic shock when BP measurements are not available. (Absent pulses and/or cutaneous signs of shock may be used.)
- Respiratory compromise – from trauma or burns.
- Intubated/need for intubation.
- Re-triage/transfer of patients from other facilities meeting 900 criteria.
- GCS < 9 attributable to trauma.

**ACTIVATION FROM FIELD REPORT**

- GSW to head, neck, torso or extremities proximal to elbow/knee.
- SW to torso or neck.
- SW to extremity proximal to elbow/knee with active hemorrhage, expanding hematoma or pulse deficit.
- Traumatic amputation or mangled extremity proximal to wrist or ankle.
- Traumatic quadriplegia.
- PEDI **age ≤ 10yrs**, with major MOI, +LOC or long bone fracture.
- Pregnancy ≥ 24 weeks with blunt abd trauma.
- MCI with ≥ 4 ‘critical’ patients not otherwise meeting 900 criteria.
- ED Attending, Trauma Senior Resident or ED Charge Nurse.

**ACTIVATION BASED ON ED EVALUATION**

- Open pelvic fractures, displaced (‘open book’) or mechanically unstable fx (by XR).
- Major pulmonary contusion (on CXR) or mechanical instability of chest wall (flail chest)
- Open or depressed skull fracture (by clinical exam or seen on CT)
- Patients found to have **major** intracranial hemorrhage attributed to trauma (ICH, SDH, EDH, SAH).
- Any trauma patient requiring blood during the initial resuscitation or prior to arrival to ZSFG.
- Patients meeting any of the 900 ‘field report’ criteria upon arrival to the ED.
- ED Attending, Trauma Senior Resident or ED Charge Nurse.

**ACTIVATION BASED ON ED EVALUATION**

- NON-TRAUMATIC conditions requiring the **immediate** presence of a Senior Surgeon (e.g. ruptured AAA, need for surgical airway, other major hemorrhage)

*For emergent surgical airway needs—page “900”  
 DO NOT page other services, as they may not be able  
 to respond immediately.*