

**01/13/2024 - ED to Hosp-Admission (Discharged) in H4 - TSICU/CVICU (continued)**

**ED Provider Note (continued)**

10000056626191  
Unk/white/our, Whiskey Ac  
HAR: 1009463899 MRN: 004120303  
1/1/1920 ADMIT:  
EMERGENCY DEPARTMENT



*Lynn, Sean*  
**UAMS**  
Medical Center

Position		Name	Role	Name	Arrival Time
Airway MD		Tekasupi	ED Attending	Watkins	1705
MD Right			Chief Surgery Resident	Appelbaum, Justin	1705
MD Left			Surgery Attending	Bruce	1715
Nurse Right		Andy P	Other:		
Nurse Left		BRECK			
Primary Nurse		Nathan Ernst			

**TRAUMA TEAM ACTIVATION INFORMATION**  
 Name: DOB: XM F Notification Time: 1700 Activation Time: 1704 X Scene  Transfer  
 Mode of Arrival: Ambulance  Helicopter  POV/TRAIGE  Police  Fixed Wing EMS Name: MEWS  
 Mechanism of Injury: Fall 30ft from ladder Time of injury:  
 Driver  Passenger  Front Seat  Back Seat Restrained:  Yes  No  Unk  Air Bag Deployment Helmet:  Yes  No  
 LOC:  Yes  No  Unk Intubated:  Yes  No Anticoagulant:  No  
 Received:  PRBC  Platelets  FFP  
 V/S: B/P 120/80 HR 100 RR: 14 GCS: 14 Hypotensive (SBP < 90) Episode:  Yes  No Highest HR: \_\_\_\_\_ Lowest SBP: \_\_\_\_\_  
 For Transfer Patient: CT Scans:  Yes  No Head  C-Spine  Abdomen  Pelvis  Chest  Other Images pushed to TIR:  YES  No  
 Facility \_\_\_\_\_ Trauma Band #: \_\_\_\_\_

<b>PRIMARY SCENE TRAUMA</b>		
Level 1 Activation	Level 2 Activation	Level 3 Activation
<ul style="list-style-type: none"> <li>Penetrating injury to the Neck, Chest, Abdomen, or Extremities proximal to elbow/knee</li> <li>Signs of Shock (BP&lt;90 reported at any time, absent carotid, femoral or radial pulse, or HR&gt;SBP) – for children &lt;10 years = SBP &lt; 70+2*age)</li> <li>Neurological injury with GCS&lt;9 without sedation</li> <li>Severe uncontrolled hemorrhage or transfer patients receiving blood products or &gt; 1 liter crystalloid to treat signs of shock</li> <li>Unable to intubate or intubated from the scene or airway compromise (including blunt neck injury with evidence of potential airway injury)</li> <li>Emergency surgical airway placed at the scene or at the referring hospital</li> <li>Major vascular injuries, including significant crush or amputation proximal to the elbow or knee or need for prehospital tourniquet application</li> <li>Suspected spinal cord injury from the scene Major impalement to torso</li> <li>Open or unstable pelvic fracture</li> <li>Pregnancy with &gt;20 weeks gestation if other activation criteria of Level 2 or greater present</li> <li>Trauma Code</li> <li>Emergency Physician Discretion</li> </ul>	<ul style="list-style-type: none"> <li>Penetrating injury to Extremity distal to elbow or knee</li> <li>Flail Chest, multiple rib fractures</li> <li>Major burns of &gt;20% BSA (Grade 2 or 3) or any signs of inhalation injury</li> <li>Neurologic injury with GCS 2 or &lt;14</li> <li>Open and depressed skull fracture</li> <li>2 or more long bone fractures (ulna/radius or tibia/fibula count as 1 long bone)</li> <li>Extremity trauma with loss of distal pulse or sensation</li> <li>Severe maxillofacial injury with stable airway</li> <li>Near drowning</li> <li>Trauma patient on anticoagulants (not including Aspirin) with external signs of a supravacular injury</li> <li>Trauma patient &gt;65 with HR &gt;90 and/or BP &lt;110</li> <li>Pregnancy with &gt;20 weeks gestation without other level 2 criteria present</li> <li>Major MVC; ejection from the vehicle, extrication &gt;20 mins, death of an occupant in the same vehicle or impact speed &gt;50mph</li> <li>Pedestrian struck by vehicle or auto-bike crash &gt;10 mph Falls &gt;20 feet</li> <li>Motorcycle crash/ATV &gt;20 mph or with separation of rider/bike</li> <li>Trauma patient with a Seatbelt Sign</li> <li>Emergency Physician Discretion</li> </ul>	<ul style="list-style-type: none"> <li>MVC with rollover or intrusion into passenger compartment &gt; 12 inches not meeting higher activation criteria</li> <li>Hanging mechanisms (without evidence of airway compromise or evidence of airway injury)</li> <li>Trauma Patient &gt; 65</li> <li>Stable pelvic fractures not meeting higher activation criteria</li> <li>Single system injury with high index of suspicion based on mechanism</li> <li>Traumatic injury with hypothermia (&lt;35°C) or hyperthermia (&gt;35°C) not meeting higher activation criteria</li> <li>Any other trauma related injury where 2 or more systems are involved that does not meet a higher activation criteria</li> <li>MD/Charge RN Discretion</li> </ul>

<b>TRANSFER ACTIVATIONS</b>		
Level 1 Activation	Level 2 Activation	Level 3 Activation
<ul style="list-style-type: none"> <li>Hemodynamic instability – requiring blood transfusion, pressors, or &gt; 1 liter of crystalloid to maintain SBP &gt; 90mmHg (&gt;70+2*age if &lt;10 years)</li> <li>HR &gt; SBP</li> <li>Penetrating Thoracoabdominal Trauma</li> <li>Resp Compromise with lack of definitive airway</li> <li>Intubated patients transferred from another facility</li> <li>Acute decompensation enroute</li> <li>MD/Charge RN discretion</li> </ul>	<ul style="list-style-type: none"> <li>Must meet all these criteria:           <ul style="list-style-type: none"> <li>Transfer with multiple system trauma or CHI</li> <li>Less than 12 hours from original injury</li> <li>Hemodynamically stable</li> </ul> </li> <li>MD/Charge RN Discretion</li> </ul>	<ul style="list-style-type: none"> <li>Not meeting Level 1 or Level 2 transfer activation criteria</li> <li>Single system trauma; excluding transfers for isolated ENT, ophthalmology, or hand</li> <li>ED evaluation with direct consult to trauma team or responsible service</li> </ul>

Report/Triaged by: *Muller*  
 Date: 1/13/2024 Time: 1700



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