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Area	Trauma Surgical Critical Care
Applicability	Erlanger Health - Baroness

Trauma Service Admission and Consultation

1. Process/Procedure Description

To provide guidance for identifying patients who would benefit from Trauma Service admission or consultation.

2. Who Should Read This Process/Procedure?

This guideline applies to patients presenting to the Emergency Department (ED), inpatient units, or transferred from outside facilities with traumatic injuries. The Trauma Service is available to assist in the evaluation, management, and disposition of patients with injuries or mechanisms concerning for significant traumatic etiology.

3. Definitions

High energy mechanism: For the purpose of initiating Trauma Service evaluation when other criteria are not met, patients who sustain documented injuries due to high energy mechanisms **with a potential need for hospital admission** should be evaluated by the Trauma Service **at the discretion of the Emergency Medicine attending** - please refer to section 5.1 and 5.2.

- Fall from > 5’
- ATV, e-bike, boating, > 15 mph
- MVC, MCC > 35 mph

- Equestrian
- Pedestrian struck

4. Guideline Statement

Owing to an unlimited spectrum of mechanisms and injury patterns, the following criteria establish a rationale for initiating Trauma Team evaluation outside of trauma activation criteria or when patients present having met trauma activation criteria and are only found to have sustained minor injuries. For both of these situations, the Trauma Service retains the discretion to determine whether the patient's injuries, physiology, comorbidities, or monitoring needs warrant formal Trauma Service admission or whether consultative follow-up is more appropriate.

This approach ensures that:

- Patients receive the level of trauma involvement most appropriate to their needs,
- Providers apply their expertise to individual clinical situations, and
- The Trauma Service remains available to provide guidance for coordinated care across all trauma pathways.

5. Admission Criteria Guidelines

5.1. Trauma Service Admission

Patients found to have injuries resulting from ***high-energy mechanisms*** (as defined in section 3 - including but not limited to falls > 5 feet; ATV, e-bike, boating incidents > 15 mph; MVC, MCC > 35 mph; equestrian events; or pedestrian-struck mechanisms) who require hospital admission should be admitted to the Trauma Service, unless there is a specific indication for admission to another service (e.g., isolated injury requiring specialty-led management). Injuries typically requiring Trauma Service admission may include, **but are not limited to:**

- Intracranial hemorrhage or clinically significant traumatic brain injury
- Cervical, thoracic, or lumbar spine fractures
- Thoracic injuries (e.g., rib fractures with Rib Injury Grading >2, pneumothorax, hemothorax, pulmonary contusion)
- Solid organ injuries (e.g., spleen, liver, kidney)
- Pelvic fractures or acetabular fractures
- Long-bone fractures or multiple orthopedic injuries that require coordinated trauma and specialty management
- Combined vascular and orthopedic injuries
- Any injury pattern requiring trauma-level monitoring, repeat exams, or multidisciplinary care

coordination (2 > system injury)

- Geriatric patients requiring ICU admission for traumatic injuries
- Penetrating injuries requiring surgery or monitoring excluding isolated orthopedic injuries.

5.2. Trauma Consultation in the Emergency Department

Trauma Service is available for consultation for any patient with injuries resulting from a ***high-energy mechanism***, **as defined in Section 3** (including but not limited to falls > 5 feet; ATV, e-bike, boating incidents > 15 mph; MVC, MCC > 35 mph; equestrian events; or pedestrian-struck mechanisms). These can include, **but are not limited to:**

- Isolated long bone fractures from high energy mechanism
- Isolated pelvic ring injury from high energy mechanism – even if stable
- Isolated sternal and chest wall injuries from high energy mechanism
- Isolated spine fractures
    - Thoracic or lumbar burst fractures
    - C-spine fractures
    - Spinous or transverse process fractures from high energy mechanism
- Isolated open fractures from high energy mechanism
- Isolated extremity injury with potential vascular injury

Patients admitted to the Trauma Team with high energy mechanisms and isolated orthopedic injuries can be transferred to orthopedics or a medical service after 24 hours if the patient remains stable and other problems are not detected.

5.3. Trauma Consultation for Admissions

Patients admitted for conditions requiring a trauma consultation should be followed by the Trauma Service for at least 24 hours or until they are ready for discharge from the standpoint of their traumatic injuries. Patients admitted for medical conditions, comorbidities or requiring placement in a nursing facility found to have only minor injuries can be admitted to an appropriate medical service and area of the hospital.

6. Responsibilities

- **Emergency Department Staff**: Identify patients meeting trauma activation criteria and notify Trauma Service. Identify patients meeting trauma consultation criteria and notify Trauma Service.
- **Trauma Faculty**: Admit qualifying patients under Trauma Service and provide consultation

for non-traumatic admissions with traumatic injuries.

- **Other Specialty Services**: Admit patients requiring hospitalization for non-traumatic causes that have associated traumatic injuries.

7. Documentation

- Admission decisions must be clearly documented in the patient's medical record.
- Trauma Service involvement (admission or consultation) must be noted in ED and inpatient documentation.

8. Unit Based Capacity

- Patients admitted to any service who require admission for their injury will be admitted to the 9^{th}, 8^{th}, and 6^{th} floors in that order or one of the surgical ICUs on the 4^{th} floor.
- Patients admitted for medical reasons with minor associated injuries will be admitted to the appropriate medical area of the hospital.

Approval Signatures

Step Description	Approver	Date
VP Approval	Jessica Holladay: VP & CNO Surg & Trauma Svcs	06/2026
Trauma Services Committee Approval	Stephanie Spain: Trauma Prgm Mgr Adult	06/2026
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Applicability

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