

Levels IV and V Trauma Center Designation Criteria

E = Essential

D = Desirable

HOSPITAL ORGANIZATION

- Trauma program E
- Trauma team E
- Emergency department E
- Anesthesiology D
- General surgery D
- Radiology D

TRAUMA POLICY/GUIDELINES

- Trauma team activation protocol (with specified criteria for calling a trauma code) E
- Immediate phone contact with a level II trauma center E
- Posted on call schedule for trauma team leader E
- Trauma transfer protocol E

TRAUMA CAPABILITIES

- Trauma team leader on call and promptly available within 20 minutes/24 hours a day E
- Level IV** – Physicians current in ATLS certification E
- Level V** – Nurse practitioner/physician assistant with ATLS and TNCC E

FACILITIES/RESOURCES/CAPABILITIES

Personnel

- Nursing personnel with special capability in trauma care who provide continual monitoring of the trauma patient. D
- Trauma coordinator/QI personnel E
- Designated physician director D

Equipment for resuscitation of patients of all ages shall include but is not limited to:

- Airway control and ventilation equipment, including laryngoscopes, endotracheal tubes, bag-valve-mask, pocket masks and oxygen. E
- Pulse oximetry E
- End-titile CO₂ E
- Suction devices E
- Monitor-defibrillator E
- Standard intravenous fluids and administration devices, including large-bore intravenous catheters E
- Gastric decompression E
- Drugs necessary for emergency care E
- Surgical sets for airway control, cricothyrotomy, vascular access, and chest decompression E
Including 36 Fr chest tubes, drainage setup, and insertion tray
- X-ray availability, 24 hours a day D

- Two-way communication with vehicles of emergency transport system E
- Spinal immobilization E
- Pediatric weight/length based drug dosage and equipment system E

Thermal control equipment:

- For patient E
- For blood/fluids D

Clinical laboratory service (available 24 hours a day)

- Standard analysis of blood, urine, and other body fluids D
- Blood typing D
- Coagulation studies D
- Comprehensive blood bank or access to blood bank D
- Blood gases and pH determinations D
- Microbiology D
- Drug and alcohol screening D

QUALITY/PERFORMANCE IMPROVEMENT PROGRAM

- Quality/performance improvement program E
- Focused audit of selected filters E
- Trauma registry submission to state trauma program E
- Special review for all trauma deaths E
- Morbidity and mortality review E
- Nursing review of trauma care E
- Review of pre-hospital trauma care E
- Multidisciplinary trauma committee to review trauma patients E
- Level V-** ATLS physician review of all trauma codes managed by a midlevel practitioner within 48 hours. E

CONTINUING EDUCATION

- Nurses D
- Allied health personnel D

PREVENTION

- Collaboration with other institutions D
- Monitor progress/effectiveness of prevention programs D
- Outreach activities D
- Participation in community prevention activities D

TRANSFER AGREEMENTS

- Transfer agreement with regional trauma center E
- Transfer agreement with the following specialties:
 - Burn care D
 - Rehabilitation D
 - Pediatric care D
 - Head/spinal care D