

Indications for the Escalation to a Higher Level of Care for Trauma Patients

Neurological Indications:

- Acute change in neuro status: decline in GCS by 2 or more
- Need for hypertonic saline
- Neuro checks more often than q4h

Respiratory Indications:

- Acute hypoxia with SpO₂ <90% requiring more than 50% VM (non-COPD patients)
- Decline in SpO₂ by >5% requiring more than 50% VM (COPD patients)
- Need for Hi Flow Nasal Cannula
- New indication for CPAP or BIPAP or acute increase in CPAP/BIPAP settings
- Suctioning requirements more frequent than q4h
- New or worsening tachypnea that causes distress or fails to respond quickly to intervention

Hemodynamic Indications:

- Sustained MAP < 65 that does not quickly improve with a small (250-500ml) fluid bolus
- Need for high-risk medications including vasopressors, inotropes, or antihypertensive infusions
- Hypertensive urgency
- A-fib w/RVR that does not respond adequately to metoprolol 5 mg IV x 3 doses
- Need for initiation of amiodarone
- Acute tachycardia or bradycardia

Renal Indications:

- New onset AKI w/oliguria not responsive to fluids
- Severe electrolyte abnormalities

Sepsis Indications:

- Associated with new or worsening organ dysfunction
- MAP <65

Transfusion Requirements:

- Need for more than PRBC x2 units within 12 hours (excluding transfusion associated with procedures)

Monitoring/Care Requirements:

- Neuro/neurovascular checks more often than q4h
- Suctioning more often than q4h
- Need for close observation due to suicide risk/behavior/agitation.
- Any nursing care needs that are more than q4h

Medication Requirements:

- Need for medications that can be administered on a floor, see policy #13048614