A Trauma Code will be called and the Trauma Team activated if any one or more of the criteria are met:

1. Physiologic
   - Loss of vital signs en route
   - Systolic BP < 90 with hypoperfusion
   - Ventilatory compromise (rr < 10 or > 30)
   - Glasgow Coma Scale less than 12 with evidence of torso or extremity trauma
   - Pregnant patient (> 20 weeks) with fetal heart rate < 120 or > 160

2. Anatomic
   - Amputation proximal to elbows or knees
   - 2 or more proximal long bone fractures
   - Suspected spinal cord injury
   - Severe maxillofacial injury with potential airway compromise
   - Burns > 15% TBSA
   - Pregnant patient (> 20 weeks) with penetrating injury or significant blunt injury

3. Mechanism
   - Gunshot wound proximal to knee/elbow
   - Significant penetrating wound to head, neck, chest, abdomen or groin
   - Ejection from vehicle
   - Pedestrian thrown (hit by car) or run over
   - Fall from height > 6 meters (20 feet)

4. Logistical
   - Simultaneous arrival of 3 or more multi-trauma patients

5. If emergency physician feels TTA is necessary for injured patient

If in doubt about TTA, consult on-call Trauma Team Leader.