

CRITERIA FOR ED DISCHARGE FOR TRAUMA ACTIVATION PATIENTS

- No significant injuries on CT scan (ie no free fluid, solid organ injury, pulmonary contusion) as confirmed with final radiology read or attending discretion
- No seatbelt sign
- Must be able to safely ambulate and tolerate oral intake
- If isolated rib fractures, must have FVC >1.5 liters and NO oxygen requirement
- Cannot have 2 or more extremity injuries nor be non-weight bearing on 2 or more extremities
- Pain controlled with oral medications
- If VBG or ABG done – base deficit less than 4
- No episodes of hypotension, HR less than 100, respiratory rate normal
- No pulmonary contusion
- Concussion (Mild Brain Injury)
 - CT Brain Normal
 - GCS 15 (or baseline)
 - Cannot be on any anti-coagulation (ie ASA, Plavix, or Coumadin use)
 - No nausea or vomiting
 - Headache controlled with Tylenol
 - Needs to have assistance/supervision available at place of discharge
 - Can NOT go home alone
- Social Issues:
 - Must be able to return if any problems
 - If any intoxication, must have a GCS 15 and have a responsible, non-intoxicated person who can accompany the patient
 - Must have safe transportation
 - Admit any minors if an appropriate guardian or caretaker is not available
 - Strongly consider and discuss admitting if workup completed after midnight
- ALL ED DISCHARGES MUST BE DISCUSSED AND APPROVED BY THE TRAUMA ATTENDING AND EMERGENCY MEDICINE ATTENDING AFTER WORK UP IS COMPLETE AND PRIOR TO DISCHARGE.
- All discharged patients need to have H&P completed with results, disposition, follow-up, medications, need for cervical collar or other splint/crutches, etc. All patients should be considered for trauma clinic follow up.