CRITERIA FOR ED DISCHARGE FOR TRAUMA ACTIVATION PATIENTS

- No significant injuries on CT scan (ie no free fluid, solid organ injury, pulmonary contusion)
- No seatbelt sign
- Must be able to safely ambulate and tolerate oral intake
- If isolated rib fractures, must have FVC >2 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 given a trauma clinic follow up.