

**EXHIBIT 3**  
**OAR chapter 333, division 200**

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**OREGON HOSPITAL TRAUMA TEAM ACTIVATION CRITERIA**

<ul style="list-style-type: none"><li>• Confirmed blood pressure less than 90 mmHg at any time in adults, and age-specific hypotension in children aged 0-9 years less than 70 mmHg + (2 x age years)</li><li>• All penetrating injuries to head, neck, torso, and extremities proximal to elbow or knee</li><li>• Glasgow Coma Scale less than 9 (with mechanism attributed to trauma)</li><li>• Transfer patients from another hospital who require ongoing blood transfusions</li><li>• Patients intubated in the field and directly transported to the trauma center</li><li>• Patients who have respiratory compromise or are in need of an emergent airway</li></ul> <p><b>Emergency physician's discretion</b></p>	<p><b>YES</b></p> <p>→</p> <p><b>Activate Full Trauma Team</b></p>	<p style="text-align: center;"><b>Full Trauma Team</b></p> <ul style="list-style-type: none"><li>- General Surgeon</li><li>- Emergency Physician</li><li>- Emergency Nurse(s)</li><li>- Laboratory</li><li>- Radiology</li><li>- Respiratory Therapist</li></ul> <p><u>Response times from patient arrival:</u></p> <p>Level I &amp; II – 15 minutes Level III &amp; IV – 30 minutes</p>
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## Oregon Hospital Trauma Team Activation Criteria (continued)

- Glasgow Coma Scale of 9 - 13
- Chest wall instability, deformity, or suspected flail chest
- Suspected fracture of two or more proximal long bones (humerus or femur)
- Suspected spinal cord injury with motor sensory deficit
- Crushed, degloved, mangled, or pulseless extremity
- Amputation proximal to wrist or ankle
- Skull deformity, suspected skull fracture
- Suspected pelvic fracture
- Falls from a height greater than 10 feet (all ages)
- High-risk auto crash
  - Partial or complete ejection
  - Significant intrusion including roof: greater than 12 inches occupant site; **OR** greater than 18 inches any site; **OR** need for extrication for entrapped patient
  - Death in passenger compartment
  - Child (age 0-9 years) unrestrained or in unsecured child safety seat
  - Vehicle telemetry data consistent with severe injury
- Pedestrian/bicycle rider thrown, run over, or with significant impact
- Rider separated from transport vehicle with significant impact (e.g., motorcycle, ATV, horse, etc.)

### Emergency physician's discretion

#### Consider risk factors, including:

- Low-level falls in young children (age 0-5 years) or older adults (age 65 years or greater) with significant head impact
- Anticoagulant use
- Suspicion of child abuse
- Special, high-resource healthcare needs
- Pregnancy greater than 20 weeks
- Burns in conjunction with trauma
- Systolic blood pressure (SBP) less than 110 mmHg **OR** heart rate greater than SBP (age 65 years or greater)
- Children should be triaged preferentially to pediatric capable trauma centers

**YES**



**Activate  
Modified  
Trauma  
Team**

### **Modified Trauma Team**

- Emergency Physician
- Emergency Nurse(s)
- Laboratory
- Radiology