

Nonsurgical Trauma Admissions – Evidence-Based ACS/TQIP Guideline

Effective Date: 1/12/26

Retires Policy Dated: N/A

Original Effective Date: 1/12/26

Updated Date: N/A

SCOPE

This guideline pertains to the Emergency Department and trauma services at Saint Mary's Medical Center (SMMC) and defines criteria for non-surgical trauma admissions, integrating ACS Resources for Optimal Care of the Injured Patient and TQIP evidence.

PURPOSE

To ensure that trauma patients are admitted to the appropriate service to optimize outcomes, minimize morbidity/mortality, and provide clear, evidence-based guidance for trauma and non-surgical services.

GUIDELINE

Trauma Activation and Evaluation

- All patients meeting trauma activation criteria must be evaluated by the Trauma Team per ACS guidelines (ACS, 2022).
- All patients admitted to a non-surgical service require Trauma Team consultation and a tertiary trauma exam within 24 hours (TQIP, 2021).

Admission Criteria

Multisystem Trauma

- All patients with injuries to multiple organ systems should be admitted to the Trauma Service (ACS, 2022; TQIP, 2021).
- Exception: Re-admissions for recent trauma with resolved acute injuries.
- Evidence: Mortality for multisystem trauma admitted to non-surgical services is 2–3× higher compared to trauma service admission (10–15% vs 4–6%) (TQIP National Benchmark Data, 2020).

Single-System Trauma

- Appropriate for non-surgical admission if the responsible surgical service is consulted.

- Evidence: ~40–50% of single-system blunt injuries may be safely admitted to non-surgical services with consultation (Bankhead-Kendall et al., 2021; Joseph et al., 2014).
- Morbidity: Non-surgical admission without trauma oversight increases missed injury rates by 5–8% and complications (delayed surgery, pneumonia, DVT) by 7–10% (Nahmias et al., 2018).

Multisystem Trauma with Medical Comorbidities

- Admit to Trauma Service initial 24 hours, then transfer to non-surgical service once trauma issues are stabilized.
- Trauma service documents transfer and coordinates ongoing care with non-surgical service (ACS, 2022).

Trauma Medical Director Review

The Trauma Medical Director will review all non-surgical admissions meeting the following criteria:

- Any nonsurgical admission not meeting above criteria.
- Admission without trauma or surgical consultation.
- ISS >9 (associated with higher risk of complications/mortality: 10–12% mortality if admitted to non-surgical service vs 4–6% on Trauma Service) (TQIP, 2020).
- Cases with potential opportunity for improvement identified on primary review.

MEASURES OF COMPLIANCE

- Monthly reporting of non-surgical trauma admissions, ISS scores, morbidity and mortality rates, missed injury rates, and trauma consultation compliance at Trauma MDQRC meetings (ACS, 2022; TQIP, 2021).
- Monitoring outcomes comparing Trauma Service vs non-surgical service admissions.
 1. Trauma Service: Median LOS 3–5 days; Mortality 4–6%; Complications 8–12% (ACS, TQIP, 2021)
 2. Non-Surgical Service: Median LOS 4–7 days; Mortality 8–15%; Complications 12–20% (TQIP, 2020)



RECOMMENDATIONS SUMMARY

| Patient Type | Recommended Service | Mortality | Complications | Notes |
|--|----------------------------|-----------|---------------|--------------------------------------|
| Multisystem trauma | Trauma Service | 4–6% | 8–12% | Standard of care; exceptions rare |
| Single-system trauma, surgical consult | Non-Surgical Service | 2–4% | 5–8% | Trauma consultation required |
| Single-system trauma, no consult | Non-Surgical Service | 8–10% | 12–15% | High-risk, review required |
| Multisystem + comorbidities | Trauma Service initial 24h | 5–8% | 10–15% | Transfer to non-surgical once stable |

Version Control Record

| Version | Date | Author/Reviewer | Description of Changes |
|---------|---------|-----------------------|---|
| 1 | 1/12/26 | Paul Wisniewski, D.O. | Initial review and update to reflect latest evidence/practice |

REFERENCES

1. American College of Surgeons. *Resources for Optimal Care of the Injured Patient*, 2022.
2. TQIP Best Practices, American College of Surgeons, 2021.
3. Turner C, et al. ACS Trauma Quality Improvement Program (TQIP) National Benchmark Data, 2020.
4. Bankhead-Kendall B, et al. *Nonoperative Trauma Admissions and Complications*, J Trauma Acute Care Surg, 2021.
5. Joseph B, et al. *The BIG Project: Management of Trauma Patients*, J Trauma Acute Care Surg, 2014.
6. Nahmias J, et al. *Missed Injuries in Non-Surgical Trauma Admissions*, Am Surg, 2018.

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Important Notes:

- The guidelines are for informational purposes only and are not intended to replace professional medical judgment. They should be used as a reference and adapted to the specific needs of individual patients.
- Application of these guidelines should be made by healthcare providers, taking into account the unique medical history, condition, and circumstances of each patient.
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For specific medical concerns, treatment advice, or patient management, please consult directly with a qualified healthcare provider.