

A Report on Various Levels at Trauma Care

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COMMENTARY

The various levels (Level I, II, III, IV and V) refer to the types of resources available within a trauma center as well as the number of patients admitted each year. Trauma patients who are treated at a Level 1 trauma center receive the highest level of surgical care. Trauma Center designation is a state or local process that is outlined and developed. Trauma Centers are classified according to specific criteria established by the state or local government. An adult trauma center, a pediatric trauma center, or an adult and pediatric trauma center can be designated. If a hospital provides trauma care to both adults and children, the Level designation for each group may differ.

A Level 1 adult trauma center, for example, could also be a Level 2 pediatric trauma center. Pediatric trauma surgery is a distinct subspecialty of adult trauma surgery, and vice versa. The American College of Surgeons (ACS) conducts a process to evaluate and improve trauma care called Trauma Center Verification. The ACS does not designate trauma centers; instead, it verifies that the resources listed in Resources for Optimal Care of the Injured Patient are available. The Trauma Center is conducting a three-year voluntary process.

The most comprehensive trauma care is provided by a level I trauma center. A trauma/general surgeon must be available 24 hours a day in the hospital. If a surgical resident is on duty 24 hours a day, the attending surgeon can accept calls from outside the hospital but must respond within 15 minutes. An anesthesiologist and full OR staff, as well as a critical care physician, should be available 24

hours a day in the hospital. An attending anesthesiologist must be available from home within 30 minutes if anesthesia residents or CRNAs are on in-hospital night call. An orthopedic surgeon, neurosurgeon, radiologist, and other specialists must be available right away. These centers must engage in research and publish at least 20 times a year.

A general/trauma surgeon and an anesthesiologist are on call 24 hours a day, seven days a week at a level II trauma center. The primary distinction between a level I and a level II trauma center is that the latter does not have the same research and publication requirements as the former.

A level III trauma center does not require an on-call general/trauma surgeon to be available 24 hours a day, but one must be available within 30 minutes of being called. Anesthesia and operating room personnel are not required to be on call 24 hours a day but must be available within 30 minutes. Transfer arrangements must be in place at level III trauma centers so that trauma patients who require services not available at the hospital can be transferred to a level II or III trauma center. Fall-related injuries and fractures account for a significant portion of the trauma population treated at level III trauma centers.

Prior to transferring patients to a higher-level trauma center, a Level IV Trauma Center has demonstrated the ability to provide Advanced Trauma Life Support (ATLS). For injured patients, it provides evaluation, stabilization, and diagnostic capabilities. Patients are evaluated, stabilized, and diagnosed at a Level V Trauma Center, which prepares them for transfer to higher levels of care.

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Received: September 07, 2021, **Accepted:** September 21, 2021, **Published:** September 28, 2021

Citation: Priyadarshini VS (2021) A Report on Various Levels at Trauma Care. Vol.11 No.202

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