

XXX HOSPITAL PROCEDURE

PROCEDURE TITLE: Trauma Team Activation

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VERSION: 5

PROCEDURE PURPOSE:

XXX Hospital provides this means for notifying key personnel of an impending trauma patient arrival. This procedure is utilized for all Trauma Team Activations.

DEFINITION(S):

1. **LEVEL I ACTIVATION:** Trauma Team Activation – The Emergency Medicine Physicians or Emergency Department Nurse who receives notification from EMS of an impending trauma patient arrival or determines by examination upon arrival that a patient meets criteria shall activate the trauma team. Primary means of notification will be via the pager system, secondary means will be via the overhead speaker system. The trauma surgeon on call will be notified through their service if there is no response from the first call attempt after 5 minutes by phone, a second call will be placed directly to the surgeon's cell phone. If there is no contact, the backup surgeon will be called on their cell phone. The arrival times of all trauma team members will be accurately documented. Trauma Team Members comprising the Level I Team include: **Trauma Surgeon, Emergency Physician, Primary Trauma Nurse, Tasking Trauma Nurse, Patient Care Tech, Respiratory Tech, Radiology Tech, CT Tech, Operations Administrator, OR Clinical Coordinator, EC Clinical Coordinator, and Security Officer.**
2. **LEVEL II ACTIVATION:** Trauma Team Activation – The Emergency Medicine Physicians or Emergency Department Nurse who receives notification from EMS of an impending trauma patient arrival or determines by examination upon arrival that a patient meets criteria shall activate the trauma team. Primary means of notification will be via the pager system, secondary means will be via the overhead speaker system. The trauma surgeon on call will be notified, at a minimum, after the Emergency Department Physician completes their primary and secondary surveys. The arrival times of all trauma team members will be accurately documented. Trauma Team Members comprising the Level II Team include: **Emergency Physician, Primary Trauma Nurse, Tasking Trauma Nurse, Patient Care Tech, Radiology Tech, CT Tech, and EC Clinical Coordinator.**

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3. Trauma Team activation for patients meeting activation criteria cannot be cancelled or downgraded by the ER physician prior to arrival of the Trauma Surgeon. It is expected that the Trauma Surgeon be physically present in the EC within 30 minutes after activation or request.

SCOPE:

This procedure applies to Trauma Services at XXX Hospital.

LEVEL I ACTIVATION CRITERIA:

- 1) GCS < 9 with mechanism attributed to trauma
- 2) Confirmed blood pressure < 90 at any time in adults and age specific hypotension in children [$70 + (2 \times \text{Age})$]
- 3) Respiratory rate < 10 or > 30 in adults, < 20 in infants aged < 1 year
- 4) Intubation, respiratory compromise, or obstruction with traumatic mechanism
- 5) Penetrating injury to the head, neck, chest, or torso
- 6) Amputation proximal to the wrist or ankle, or mangled extremity
- 7) Transferred patients from other hospitals receiving blood to maintain vital signs

Trauma activation does not necessarily need be initiated for the following:

- 1) Cardiac arrest post blunt trauma injury.
- 2) Isolated burns without other trauma that meet burn transfer criteria. These patients should be expeditiously transferred to a burn center.

LEVEL II ACTIVATION CRITERIA:

- 1) High risk auto crash (ejection, death in same compartment, vehicle intrusion > 12 inches including roof)
- 2) Auto-ped or auto-bike > 20 mph
- 3) Motorcycle/atv/watercraft > 20 mph
- 4) Adult falls > 20 feet or Pedi falls > 10 feet or 3 times their height
- 5) Penetrating injury of the extremities proximal to the elbow or knee
- 6) Open or depressed skull fracture
- 7) Paralysis (acute and traumatic)
- 8) Pelvic fracture (obvious)
- 9) 2 or more proximal long bone fractures
- 10) GCS 9-13 with mechanism attributed to trauma
- 11) MD discretion

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