

ADMINISTRATIVE POLICY

TITLE: TRAUMA: TEAM ACTIVATION CRITERIA AND ROLES

Date Adopted: XX/XX

Date Revised: XX

Supersedes: Trauma: Alert Team Activation
Trauma: Alert Team

Date Reviewed: X

AFFECTED DEPARTMENTS: All Departments

PURPOSE: To provide consistent guidelines for identifying patients who require trauma team activation. The establishment of the trauma team will provide quality care in an efficient, organized, systematic manner by coordinating the efforts of a multi-disciplinary trauma service. All trauma activations will be reviewed in the trauma services' performance improvement program. Response times of trauma team members will be reviewed in the trauma service's performance improvement program.

POLICY: The trauma team can be activated by the Emergency Medicine Physician, Emergency Department charge nurse, Trauma Surgeon, or an Emergency Medical Service that has been approved by the trauma service to activate a Trauma Activation. The trauma activation will be a three – tier system in which notification of the appropriate trauma care personnel will occur. The guidelines for initializing Trauma Activation I (full), II (partial), or III (evaluation) are:

See Attached Trauma Activation Criteria

Trauma Activation I: Life threatening injuries and / or abnormal vital signs may be used as a guideline to activate a Level I Trauma Activation. The Level I Trauma Activation may occur at the time of notification from pre-hospital personnel such as EMS, law enforcement, physicians, transferring facilities or any other pre-hospital arrival notification to the Emergency Department.

Trauma Activation II: The Level II Trauma Activation will be called by the Emergency Medicine Physician. The Emergency Medicine Physician will contact the Trauma Surgeon. The Trauma Surgeon will respond in less than or equal to 30 minutes.

Trauma Level III: The trauma patient that does not meet a Level I or Level II activation criteria may meet the Level III Trauma Activation. The Trauma Activation III evaluation criteria require the patient to be evaluated by a surgeon either admitting or consulting. The evaluation may occur in the Emergency Services Department or as an admitted patient including direct admits into the facility.

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LEVEL I ACTIVATION

Airway

- Respiratory compromise, obstruction and /or intubation

Breathing

- Respiratory Rate Adult < 10 or >30

Circulation

- Pre-hospital CPR
- Confirmed hypotension
 - Adult B/P < 90
 - **Children: SBP < 60 birth to one year**
SBP < 70 1-6 years of age
 - **SBP < 80 age 6 and greater**
- Transferred patient receiving blood to maintain vital signs

Disability

- GCS \leq 13 regardless of age and MOI
- Paralysis post injury

Event

- Falls > 20 feet or
- Falls > 2.5 times child's height
- All penetrating injuries (GSW, stab wounds) to head, neck, torso, and extremities proximal to the elbow and knee
- Burns >20% BSA (>10% if patient <6yr)
- Traumatic amputation proximal to ankle or wrist

***ED Physician's Discretion**

Level I: ED Physician must see within 5 minutes of arrival.

Trauma Surgeon response (at bedside) \leq 15 minutes from patient arrival.

Activate based on EMS report if criteria are met.

LEVEL II ACTIVATION

Despite MOI

- Acute limb threatening injuries with vascular compromise
- Complex facial fractures
- 2 or more proximal long bone fractures (humerus or femur)
- Flail chest
- Complex pelvic fracture
- Persistent HR > 130 after 2 liters of crystalloid
- Blunt abdominal trauma with a pregnancy > 20 weeks
- Patient with parasthesias
- Hanging

***ED Physician's Discretion**

Level II: ED Physician to see within 10 minutes.

Notify Trauma Surgeon after initial assessment unless activation is downgraded (downgrade must be documented).

Trauma Surgeon response \leq 30 minutes from notification.

LEVEL III Consult

Consult Trauma Surgeon or appropriate surgical specialty for patients that do not meet Level I or Level II activation and meet admission requirements

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PROCEDURE:

To **activate** trauma team for Level I response:

1. A. Emergency department associate will call the Transfer Center to activate the trauma team.
B. Approved EMS crews will call the Transfer Center to activate the trauma team.
2. The Transfer center technician will put in **code 0000** for trauma team activation. This code alerts all trauma team members to come to the E.D. immediately.
3. In the event that the trauma surgeon on trauma call has not arrived at the bedside within fifteen (15) minutes of patient arrival, the ED staff will inform the Transfer Center. The Transfer Center will page the surgeon on trauma call directly. If an immediate response is not obtained, the backup personnel will be contacted. Delays in response time will be documented by the trauma service quality process.
4. If the Transfer Center **does not** receive a call back within 10 minutes of the alert from all the trauma team members then a system check will be performed by contacting the individual members.
5. The Transfer Center will test the beeper system as needed by placing the **code 9999**.
6. All trauma team members on call during a test alert are to contact the Transfer Center at 899 - 7888 to confirm that the beeper alert system is intact.
7. The Transfer Center will keep a log of all trauma team beeper communications.

Trauma Team Beeper Distribution:

Trauma Surgeon/Nurse Practitioner/ Program Manager / QI coordinator
Radiology / CT scan technologist
Emergency Department Charge Nurse
ED Registration Representative
House Supervisor
Trauma ICU
Respiratory Therapist
Critical Care Response Team
OR staff

Multiple Trauma Alerts

1. Initial trauma alert will be dispatched per the Transfer Center as a 0000, subsequent trauma alerts happening within fifteen (15) minutes of the first alert will be dispatched as 0002, 0003, 0004, etc.
2. Any trauma alerts that occur after fifteen (15) minutes of each other will be designated 0000.

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TRAUMA TEAM RESPONSIBILITIES / ROLES

- A. Trauma Surgeon
 1. Once a trauma alert is activated, the trauma surgeon must arrive in the Emergency Department within fifteen (15) minutes of patient arrival.
 2. Assumes the role of team leader.
 3. Identifies and initiates contact with specialists as appropriate.

- B. Emergency Medicine Physician
 1. Manage, via medical control, care of the trauma patient en route to hospital.
 2. Makes the determination of activation of the trauma team.
 3. Direct and coordinate care of trauma patient until arrival of trauma surgeon
Gives report to trauma surgeon upon their arrival.

- C. Anesthesiologist
 1. Anesthesia services must be available in house 24 hours a day.
 2. Attending anesthesia on call must be advised and available within 30 minutes at all times and present for all operations.
 3. Anesthesia services will be available for airway control when needed.

- D. Primary Trauma Nurse
 1. Prepares trauma room for patient's arrival.
 2. Receives orders from team leader and assures that the orders are carried out.
 3. Conducts ongoing assessments and communicates changes in patient's condition to the team leader.
 4. Documents on the trauma flow sheet all pertinent assessment findings, all procedures/diagnostics performed, patient response to all treatments, and any other pertinent findings as needed.
 5. Communicates lab and X - ray results to team leader as they become available.
 6. Accompanies patient to X - ray / CT / special procedures to closely monitor patient's condition.
 7. Insures proper ongoing documentation of patient's condition and response to treatment.
 8. Insures team compliance with universal precautions.

- E. Secondary nurse
 1. Carries out instruction from primary trauma nurse.
 2. Obtains additional equipment as needed.

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3. Assists in evaluation and management of patient, takes vital signs, and temperature.
 4. Assists with insertion of catheters, IVs, and tubes, as needed.
 5. Performs any other aspects of patient care as needed.
 6. Draws or obtains sample for lab analysis such as: blood type crossing and acquiring crossed or uncrossmatched blood or blood products.
 7. Will assist primary nurse in proper documentation of blood units.
- F. Radiology Technologist
1. Determines radiology equipment is ready for use and responds immediately to E.D. when trauma activation is announced.
 2. Takes X - rays as directed by team leader.
- G. Respiratory Therapist
1. Assists with airway control.
 2. Places monitoring devices.
 3. Sets up ventilator.
 4. Assists in monitoring the respiratory status of the patient.
 5. Draws ABGs as requested.
- H. Surgery staff
1. Will call trauma bay when a trauma alert is activated.
 2. If the patient requires surgical intervention, the OR staff will prepare the room for the patient.
- I. Emergency Department Registrar / Clerk
1. The registrar / clerk based in the Emergency Department will respond to the trauma bay upon the activation of a trauma alert and will register the patient into the hospital system.
- J. CT scan technologist
1. The CT scan technologist will come to the ED upon the activation of a trauma alert.
 2. Performs CT scans as directed by the team leader.
- K. Trauma ICU/ House Supervisor
1. The Trauma ICU staff and House Supervisor will call to ascertain if the patient will need a trauma ICU bed. They will begin the process of triaging patients out of ICU if needed or begin to work on staffing issues.

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- L. If Patient Advocate / Pastoral Care Services are required, current procedures for accessing services will be followed.
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REFERENCES:

Essential Criterion for Advance (Level III) Trauma Facility Criteria, Texas Department of State Services, 2011

Resources for Optimal Care of the Injured Patient. Committee on Trauma American College of Surgeons 2014.

APPROVAL:

Originating Department: Trauma Program Manager

Medical Staff: Medical Director Trauma Services

Executive Leadership: Chief Nurse Executive

Distribution Date: _____

Effective Date: _____