Policy Name:	Trauma Activation Criteria
Department:	Trauma Services
Effective Date:	7/2014 **Reviewed:** 7/2015
Previous Version(s):	
Replaces:	

Policy & Procedure

The reader is cautioned to refer to the Central Policy Database for the most current version of this document and not rely on any printed version.

Approved by Trauma Multidisciplinary Committee on August 28, 2011
Approved by the Medical Executive Committee on July 11, 2014

Scope:

This policy & procedure applies to pediatric patients in the Emergency Department within...

Policy Statement:

Emergency Department charge nurses and Emergency Department Physicians initiate trauma activations utilizing established criteria. These criteria are based on American College of Surgeons (ACS) guidelines and recommendations and delineate the minimum necessary criteria for activation.

If injuries suffered by patient do not fall into criteria in I.A or I.B or the manner in which the injuries were sustained is unclear, and the Emergency Department physician determines rapid trauma care is needed, the physician may still activate the Trauma Code.

The intent of this procedure is to provide a process to notify and mobilize the Trauma Team based on physiologic and anatomic criteria of the injured patient as reported by emergency personnel. To ensure that injured patients receive appropriate medical care, the following criteria shall guide health care professionals in rendering trauma care. Once activation is initiated, all steps must be followed and all staff must respond.

Definitions:

N/A

Policy / Procedure:

I. Procedure

A. ***Trauma Code Full Trauma Activation (injury <24 hours ago)***

1. Traumatic Arrest
2. Respiratory compromise, distress, or obstruction
3. Blunt neck trauma with hoarseness, stridor, or subcutaneous emphysema
4. Age specific hypotension
5. Transfer patients from other hospitals receiving blood to maintain vital signs or persistent hypotension after fluid bolus
6. Glasgow Coma Scale (GCS) ≤ 8 OR a decline in the GCS by 2 attributed to injury

7. Unequal pupils or asymmetrical neurological exam
8. Severe maxillofacial trauma
9. Confirmed head bleed by CT with GCS <12 attributed to injury
10. Gunshot Wound or Stabbing/Impaling injury to head, neck, chest or abdomen
11. Extremity amputation proximal to knee/elbow
12. Inhalation burn injury or second degree burn >10% body surface area with major traumatic injuries or high risk mechanism of injury.
13. 2° & 3° burns >30% BSA (thermal, chemical, or electrical)
14. *Consider confirmed injury with dead/arresting passenger in the same vehicle,*
15. *Any other reason the surgical trauma attending, ED Physician, Trauma Nurse, ED charge nurse believe the patient requires resources of full trauma activation.*

B. ***Trauma Code Modified Activation (injury <24 hours ago)***

1. *If limited information from dispatch, START with modified trauma activation*
2. GCS 9-13 attributed to injury
3. >2 min witnessed Loss of Consciousness (LOC).
4. Blunt neck trauma with bruising
5. Blunt abdominal injury with firm or distended abdomen or with abdominal bruising or “seat belt mark” on abdomen
6. Stable transports not meeting listed criteria with high risk injuries, including but not limited to:
    a. Head injury: open or depressed skull fracture, Intracranial bleed
    b. Thoracic injury: pulmonary contusion
    c. Abdominal injury: known or suspected intra-abdominal injury
    d. Orthopedic: complex pelvic fractures
7. 2 or more proximal long bone fractures (femur, humerus)
8. Complex pelvic fracture
9. Penetrating injury to thigh or upper arm
10. High Risk Mechanism of Injury
    a. Vertical fall: child > 20 feet
    b. Ejection (partial or complete) from auto
    c. Ejection from motorized bike, ATV, animal
    d. Extended extrication time greater than 20 minutes

e. Vehicle rollover

f. High speed crash (>60 mph)

g. Auto vs. Pedestrian/cyclist thrown, run over, or with significant (>20 mph) impact

h. No confirmed injury with dead/arresting passenger in same vehicle

11. *Emergency Department Physician discretion*

C. **Trauma Evaluation**

1. Evaluation is for the trauma patient who raises a high index of suspicion for subtle and serious injuries. Consultation of the Trauma Service is at the discretion of Emergency Department Physician or Receiving Service. Trauma evaluation response can apply to patients who:

a. Met Level Full or Modified criteria at the referring trauma facility

b. Inpatient who Met Level Full or Modified criteria but prior caregivers did not detect condition

c. Met criteria for consideration for transfer

d. Have single system injuries requiring the care of a surgical specialist,(i.e., neurosurgeon, orthopedist,) with a high index of suspicion based on injury mechanism that obscure injuries may also be present.

e. Any mechanism deemed to place the patient at risk for multi-system injury (including non-accidental trauma)

Isolated drowning does not require trauma activation; please get a trauma consult as needed.

II. Responsibility for Initiation of Trauma Activations

A. Activation prior to patient arrival to the Emergency Department

1. The Emergency Department Physician or designee will activate the trauma paging system through the hospital operator (dial 500) with goal of 15 minutes prior to patient arrival. The charge nurse will notify the Emergency Department Physician regarding the number of patients, type of injury and estimated time of arrival.

B. Activation while patient in the Emergency Department

1. If patient is brought by private vehicle and requires activation based on criteria, the Emergency Department Physician and/or charge nurse will call the trauma activation appropriate for patient.

2. If the patient status changes, the Emergency Department Physician will notify and instruct charge nurse to activate the trauma paging system and document upgrade or downgrade status on the trauma flow sheet

C. Trauma surgeon will respond within 30 minutes of the Full Trauma Activation page by the hospital operator. Emergency Department Physician will be in charge until arrival of Trauma Surgeon. Physicians are expected to sign trauma flow sheet for accountability. Scribe nurse will record all other team members on trauma flow sheet.

III. Trauma System Activation Notifies the Following Trauma Team Members for Both Full and Modified Trauma Alert:

A. Emergency Department Physician

B. Trauma Surgeon

C. Surgical Resident (if on service)

D. PICU Nurse

E. Emergency Department Nurses

F. Emergency Department Clinical Assistant

G. Lab Technician

H. House Supervisor

I. Transport Nurse

J. Radiology Technician/CT Scan Technician

K. Respiratory Therapist

L. Chaplain

M. Social Worker

N. OR Charge Nurse

O. Child life

P. Trauma Coordinator notification only

Q. Security

IV. Trauma Team Consists of:

A. **Full Trauma**

1. ED Physician
2. Trauma Surgeon on call
3. Surgery Resident on call (if on service)
4. ED Charge Nurse
5. ED Nurse
6. ED Clinical Assistant
7. PICU Nurse
8. Radiology Tech
9. Respiratory Tech

10. Lab Tech
11. Security
12. House Supervisor
13. OR Charge Nurse by telephone
14. Could also include Anesthesia, Social Worker, Chaplain, Transport Nurse, Child Life,

B. **Modified Trauma**

1. ED Physician
2. Trauma Surgeon on call
3. Surgery Resident on call
4. ED Charge Nurse
5. ED Nurse
6. ED Clinical Assistant
7. Lab Tech
8. Radiology Tech
9. House Supervisor
10. Could also include Respiratory Therapy, Anesthesia, Social worker, Chaplain, OR Nurse, Security

Standard / Reference & Year:	American College of Surgeons
Rationale for Revision:	☐ New ☒ Update ☐ Consolidation
Author(s) & Department(s):	Trauma Services
Reviewer(s) & Department(s):	Trauma Multidisciplinary Committee, Patient Services Administration, Quality Council, Medical Executive Committee