PRACTICE GUIDELINE: TRAUMA RESUSCITATION:
Triage/Trauma Team Activation

OBJECTIVE: To ensure timely triage, assessment and collaborative management of the injured patient, trauma team activation will be conducted according to the following process:

GUIDELINES:
Trauma Level I: Major Trauma Resuscitation

Patients meeting the following criteria should be seen in the resuscitation room. Trauma Team activation should occur upon notification by EMS or upon patient arrival in the resuscitation room with immediate response of the Trauma Team. The ED Clinical Coordinator will call the “Trauma Group Alert” on the Nextel Direct phone.

1. Systolic BP < 90
2. Respiratory rate < 10 or > 30
3. Glasgow coma score ≤ 10
4. Intubation in the field or respiratory compromise
5. Intubations prior to transfer from outside facilities
6. GSW to head, neck, trunk, including buttocks and perineum
7. Resuscitative blood transfusion during transport
8. ED Senior Staff Physician Discretion

Trauma Level II: Trauma Resuscitation

Patients meeting the following criteria may benefit from initial evaluation in the resuscitation room. The patient can be directed into the resuscitation room upon pre-hospital EMS notification or otherwise the ED triage nurse will make the determination upon arrival whether to place the patient in the resuscitation room. The Trauma team should be activated for all Level II patients in the resuscitation room. The ED Clinical Coordinator will call the “Trauma Group Alert”. All other LEVEL II patients who are not immediately placed in the resuscitation room by the ED triage nurse will be evaluated in triage by an ED Staff Physician. The ED triage nurse will call the CAT 1 ED Staff physician who must come to triage to assess the patient and subsequently determine the acuity and appropriate course of care.

A. Mechanism of Injury
1. High speed motor vehicle crash > 40 mph
2. Ejection
3. Rollover
4. Extrication
5. Death in same passenger compartment
6. Pedestrian or bicycle or motorcycle crash with victim thrown, run-over or with significant impact.
7. Fall > 10 feet
8. Burns: > 20% TBSA and any electrocution injury
B. Anatomic Criteria
   1. All penetrating injuries to the extremities excluding those distal to the elbow and knee.
   2. Flail chest or multiple rib fractures
   3. Pelvic fracture
   4. Two or more proximal long bone fractures
   5. Amputation proximal to wrist or ankle
   6. Focal neurologic deficit (paralysis, etc.)
   7. Pregnancy (>20 weeks)
   8. Extremes of age: < 10 yrs or > 65 yrs old

PROCEDURE:

1. The ED Clinical Coordinator will obtain clinical information on a patient.
2. The ED Clinical Coordinator using the Nextel Direct Connect Phone function will call the "Group Alert" and provide the following information:
   a) Mechanism of injury
   b) Relevant vital signs including GCS
   c) Obvious significant injuries
   d) Age
   e) Any other relevant information - e.g. # of weeks pregnant, intubated

EXAMPLE: We have a level one trauma 45 year old male involved in a high speed rollover motor vehicle crash. Pulse - 130, B/P - 80 palpable, GCS of 10. Decreased breath sounds on the right, right leg deformity.

3. The ED Clinical Coordinator will document level and notification on the Trauma and Resuscitation Form as follows:
   If Level One, write the time beside the "Trauma Surgery (1)" and "Trauma Surgery (2) in the "Time Called" column.

   KEY POINT: When the trauma team shows up, the names of the staff and the resident can be entered as well as their arrival time on the form. It is expected that each trauma resident staff or resident will sign their own name but the Clinical Coordinator is to ensure that this is completed.
   If Level Two and sent to the Resuscitation room, write the time called under the "Trauma Surgery (2) section. If not sent to the Resuscitation room, document in the triage note the date, time and the name of the DEM physician who came up to triage to evaluate patient.

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Date Revised: May 5, 2006