

	Title: ED Trauma Team Activation I, II and Consult	
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POLICY:

To offer maximum resources for the initial evaluation and stabilization of the traumatized patient. In addition, to continuously affirm a maximum commitment to the care of traumatized patients through the response of specially educated and technically skilled practitioners, who play a vital role in decreasing the morbidity and mortality of traumatized patients.

PROCEDURE:

Trauma at LMH functions within a tri-level system of patient identification and team response.

A. Type I Activation

1. Activation guidelines:

- a. Trauma Code Blue
- b. Confirmed SBP <90 mm Hg at any time and age-specific hypotension in children
- c. Respiratory compromise/obstruction/intubation
- d. GCS (Glasgow Coma Scale) <9 with mechanism attributed to trauma
- e. Evidence of spinal cord/central nervous system traumatic injury
- f. Penetrating injury to the head, abdomen, chest, or neck
- g. Thermal injury to total body surface area ≥30% or evidence of inhalation injury, or 15 % pediatric total surface area burn
- h. Traumatic amputation proximal to the elbow or knee
- i. Transfer patients with unstable vital signs at the time of transfer or en-route, including those requiring fluid and blood infusion
- j. Ejection
- k. Fall >20 feet: Pediatrics: 10 feet or double their height
- l. Death of Occupant same vehicle
- m. Electrocution
- n. Emergency provider discretion

2. The following Personnel/Department will be activated for a type I Activation:

- a. Advanced Trauma Life Support (ATLS)-certified ED provider (Team Leader) – present within 15 minutes of patient’s arrival
- b. ED Trauma Control Nurse (TCN)
- c. Appropriate consult on call (when requested by ED provider)
- d. Emergency Room Nurse
- e. 3 West Nurse/ Emergency Room Nurse

- f. Nursing supervisor
- g. Phlebotomist
- h. Respiratory therapy (1)
- i. Radiology technologist
- j. CT technologist
- k. Security
- l. Chaplain (as needed)
- m. Pharmacist
- n. Obstetrical, Pediatric or Surgery nurse as needed

B. Type II Activation

1. Activation guidelines:

- a. Vital signs stable and normal with history of hypotension
- b. GCS of 9-14
- c. 2 or more obvious long bone fractures
- d. Neurovascular compromise of limb
- e. Penetrating wound to proximal extremity with hemodynamic stability
- f. Crush injury to torso with hemodynamic stability
- g. Thermal injury to total body surface area 10-30% without evidence of inhalation injury
- h. Suspicion for potential injury based on age (less than 5 years or greater than 55 years) and/or mechanism of injury
- i. History of trauma in a patient with significant medical co-morbidities (cardiac disease, respiratory disease, insulin-dependent diabetes, cirrhosis, pregnancy, immunosuppression, coagulopathy or a history of taking anticoagulants)
- j. Emergency provider discretion.

2. The following Personnel/department will be activated for a type II trauma:

- a. ATLS-certified ED provider (Team Leader) – present within 15 minutes of patient's arrival
- b. ER Trauma Control Nurse (TCN)
- c. Appropriate consult on call (when requested by ED provider)
- d. Emergency Room Nurse
- e. 3 West Nurse/ Emergency Room Nurse
- f. Nursing supervisor
- g. Phlebotomist
- h. Respiratory therapy
- i. Radiology technologist
- j. CT technologist
- k. Security
- l. Chaplain (at the discretion of ED provider or TCN)
- m. Pharmacist (at the discretion of ED provider or TCN)

C. Trauma Consults

1. A trauma consult may be initiated on any patient with trauma-related injury being admitted to LMH. The accepting physician will determine if the patient needs to be seen in ED as a Type I or Type II trauma activation or if a trauma consult is required on their arrival to LMH.
 - The admitting physician will write an order to consult the appropriate physician AND contact that physician, if not already involved.
 - The appropriate physician will follow requests as noted on the consult
 - Before a patient with traumatic injuries is accepted in a transfer, the appropriate physician on call MUST be notified.

- D. A Trauma Activation may be activated by the appropriate physician, TCN, ED Physician or other ED staff as designated. Upon determination that a patient meets the Trauma Activation criteria, any of the designees will contact the TCN on duty to initiate the activation.

- E. The Unit Secretary, upon notification by the TCN, emergency medical services or designee will activate the trauma activation by dialing 6400, "Trauma Activation: Type I or II"

- F. Trauma activation may be canceled at the direction of the appropriate physician or ED physician after the patient's arrival

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