

Alaska Native Medical Center #TR2009-01

Trauma Service

Trauma Response Activation Criteria

Sections

- I. Purpose
- II. Scope
- III. Procedure

- I. Purpose: To define the conditions for the utilization of the Trauma Response Activation teams at ANMC. The Trauma Response team members are a group of professional staff who respond for patients with major and multiple system injuries. The composition of the team will vary with the specified conditions. The Trauma Service developed the process for these guidelines.
- II. Scope: Injured patients and their families receiving trauma care at ANMC and the staff who interact with them.
- III. Procedure:
 - A. Trauma Alert Status One Activation:
 1. The Trauma Alert Status One team will be activated for any acutely injured patient requiring hospital admission who presents to the emergency department with one or more of the following criteria:
 - a. Pre-hospital designated Status I patients
 - b. Respiratory compromise or obstruction unrelieved by intubation
 - c. Confirmed age-specific hypotension
 - d. Glasgow Coma Scale (GCS) < 8 or deteriorating by 2 with mechanism attributed to trauma
 - e. Gunshot wound injury to neck, chest or abdomen
 - f. Hemodynamically unstable penetrating injury
 - g. Flail chest
 - h. Major crush injury to torso or upper thigh
 - i. Major burns
 - j. Transport patients from other facilities receiving blood to maintain their vital signs
 - k. Emergency Physician's discretion
 2. **With a Trauma Alert Status One activation, the attending surgeon or 4th year surgical resident will meet the transferred patient in the emergency department upon arrival or arrive in the emergency department within 15 minutes of notification on locally injured patients.**
 3. The Trauma Alert Status One team consists of the following members:
 - a. Attending General Trauma Surgeon
 - b. Surgery Resident
 - c. ED Physician
 - d. Pediatric Intensivist / Pediatrician (if patient < 18 years of age)
 - e. ED Charge Nurse
 - f. ED Nurse (Primary Nurse)
 - g. CCU Nurse

- h. Pediatric Nurse (if patient < 18 years of age)
- i. OR Nurse (or OR Tech) / PACU Nurse
- j. ED Technician
- k. Anesthesia
- l. Radiology Technician
- m. CT Technician
- n. Respiratory Therapist
- o. Nursing Supervisor (or designee)
- p. Security

B. Trauma Alert Status Two Activation:

1. The Trauma Alert Status Two team will be activated for any acutely injured patient requiring hospital admission who presents to the emergency department with one or more of the following criteria and who is hemodynamically stable:
 - a. Penetrating injuries to the torso (chest, abdomen) that are hemodynamically stable
 - b. Two or more proximal long-bone fractures
 - c. Pelvic fractures
 - d. Limb paralysis
 - e. Amputation proximal to wrist and ankle
 - f. Injured patients with GCS > 8 and < 12
 - g. Ejection from automobile
 - h. Fall > 20 feet
2. **With a Trauma Alert Status Two activation, the attending surgeon or 4th year surgical resident will meet the transferred patient in the emergency department or arrive in the emergency department within fifteen (15) minutes on locally injured patients.**
3. Other indications include patients with severe but stable injuries < 24 hours old who are transferred from another facility where a M.D. may have evaluated them and who may require a trauma response activation if one or more of the above criteria are met.
4. Patients presenting to the ER with one or more of the following criteria deserve serious consideration by the emergency physician regarding a Trauma Alert Activation:
 - a. Automobile / pedestrian collision > 10 mph
 - b. Major automobile deformity
 - c. Pedestrian run over by automobile
 - d. Rollover motor vehicle crash
5. The following co-morbid factors should be considered when determining the level of trauma response activation:
 - a. Patients < 12 years of age or > 60 years of age
 - b. Pre-existing severe medical illnesses (e.g., COPD, Diabetes)
 - c. Pregnancy
 - d. ETOH

6. The Trauma Alert Status Two team consists of the following members:

- a. Attending General Trauma Surgeon
- b. Surgery Resident
- c. ED Physician
- d. ED Charge Nurse
- e. ED Nurse
- f. CCU Nurse
- g. ED Technician
- h. Respiratory Therapist
- i. Radiology Technician / CT Technician
- j. Nursing Supervisor* (and/or designee)
- k. Pediatric Nurse (if patient < 18 years of age)
- l. Security

***Note:** The Trauma Nurse Coordinator will respond to trauma activations as available in-house. He/She will function as the recorder, assuring all members of the team have arrived and will evaluate the trauma activation process for opportunities for improvement. The nursing supervisor will still respond and assist with admission process and MBTP process.

C. Trauma Consult (Evaluation):

- 1. Attending trauma surgeons are expected to assess any stable trauma patient not meeting the above criteria but who may require admission or evaluation, within one hour after the consultation is requested.

Responsibility	Trauma
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