

Level 4 - 2 levels

Status: Active PolicyStat ID: [REDACTED]

[REDACTED]

Missouri Valley

Origination 05/2001

Last Approved 10/2021

Effective 10/2021

Last Revised 12/2020

Next Review 10/2022

[REDACTED]  
Policy Area Emergency Department  
[REDACTED]

## Trauma Alert Protocol and Activation of the Trauma Team

### PURPOSE

Provide a standard of care in order to activate resources necessary to care for all victims of major trauma.

Provide Emergency Department (ED) personnel with guidelines to assess the need for the activation of and role clarification during a trauma alert.

### POLICY STATEMENT

- A. Definition of Trauma Patient – A victim of an external cause of injury that results in major or minor tissue damage or destruction caused by intentional or unintentional exposure to thermal, mechanical, electrical, or chemical energy, or by the absence of heat or oxygen.
- B. Trauma Team Members
  - 1. ED Allied Health Professional/Mid-Level Practitioner
  - 2. ED Nurse/Charge Nurse
  - 3. Radiologic Technologist
  - 4. Laboratory Technician
  - 5. Respiratory Therapy Technician
  - 6. Social Services/Clergy (if needed)
  - 7. Paramedic (may function as the Circulating Nurse)
  - 8. Additional staff members, if needed, for call-in (additional nurses, Allied Health Professional, Mid-Level Practitioner, Lab, X-ray, Respiratory Therapy, Certified Nursing Assistant/Ward-Clerk, etc.)
- C. Trauma Alert Protocols

**1. Full Trauma Alert Criteria**

**a. Physiologic Criteria (patient must meet at least one of the following):**

1. Glasgow Coma Scale <8 with mechanism attributed to trauma
2. Confirmed blood pressure <90 and age-specific for pediatrics
3. Respiratory compromise/obstruction and/or intubation

**b. Anatomic Criteria (patient must meet at least one of the following):**

1. Penetrating wounds to head, neck, abdomen, or chest
2. ED Allied Health professional discretion

**2. Partial Trauma Alert Criteria**

**a. Mechanism of Injury (patient must meet at least one of the following):**

1. Amputation proximal to wrist or ankle
2. Suspected two or more long bone fractures
3. Flail chest
4. Open or depressed skull fracture
5. Full or partial thickness burns >10% total body surface area (TBSA), or involving face/airway
6. Suspected pelvic fracture
7. Any open long bone fracture
8. EMS provider judgment for abdominal/thoracic injury
9. Crushed, degloved, or mangled extremity
10. Death of occupant in same vehicle
11. Ejection from vehicle
12. Extrication time >20 minutes
13. High-speed crash >45 mph
14. Airbag deployment
15. Rollover (unrestrained occupant)
16. Pedestrian thrown >15 feet or run over
17. Significant intrusion of passenger compartment
18. Motorcycle, all-terrain vehicle (ATV), bicycle accident >20 mph
19. Fall - Pediatric >10 feet (1 story = 10 feet) or >2 to 3 times victim's height; Adult >20 feet
20. Vehicle telemetry data consistent with high risk of injury
21. Time-sensitive extremity injury

**3. Consider Partial Trauma Alert**

**a. Risk Factors**

1. Age <12 year and >55 years old
2. Hostile environment, heat/cold
3. Medical illness, COPD, CHF, cardiac, etc.
4. Pregnancy
5. Suspected alcohol/drug intoxication
6. EMS provider judgment
7. Anticoagulation and bleeding disorders

## PROCEDURE

### A. Activation

#### 1. Staff Notification

- a. The Trauma Team activation will be determined in collaboration with the ED registered nurse (RN)/charge nurse, Allied Health professional/mid-level practitioner, and EMS personnel notifying the hospital of the event ("EMS Encounter").
- b. Qualified hospital staff (RN/charge nurse, and/or Allied Health professional/mid-level practitioner) may answer the Prehospital Care Report and receive the request to initiate the Trauma Team Activation.
- c. The assigned ED RN will page over the intercom system or via telephone depending upon criteria "Full Trauma Alert-Emergency Department" or "Partial Trauma Alert-Emergency Department" twice.
  1. [REDACTED] – If after business hours (1630), if needed, on-call personnel will be notified via telephone.
  2. [REDACTED] – If after 1530, the on-call personnel/ Trauma Team will be notified by pager or cellular phone.
- d. For multiple trauma patients, see [REDACTED] Administration policy, "Emergency Preparedness Disaster Plan – Code Triage."

#### 2. Prehospital Care Report

- a. The EMS personnel at the scene may request a Trauma Team Activation on any injured patient via radio contact with the ED staff.
- b. The qualified hospital staff will collect the following information from prehospital care personnel when available:
  1. Patient name (if known) and date of birth
  2. Revised Trauma Score
  3. Glasgow Coma Scale
  4. Vital signs
  5. Airway stability

6. Level of consciousness
  7. Obvious fractures
  8. Open wounds
  9. Mechanism of injury
- c. The qualified hospital staff that answers the Prehospital Care Report is responsible to:
1. Document the Prehospital Care Report
  2. Calculate the Trauma Score
  3. Calculate the Glasgow Coma Scale
  4. Categorize the patient
  5. Notify Allied Health professional/mid-level practitioner, and document time of notification

#### B. Criteria

1. Trauma Alert Activation – The Trauma Team will be activated by the ED Nurse or ED Allied Health professional/mid-level Practitioner in consultation with the EMS personnel in charge of the patients who meet the following criteria based on prehospital assessment or presenting ED assessment of those patients arriving by private vehicle.
2. Based on dispatch information, the ED Nurse in consultation with the ED Allied Health professional/mid-level practitioner will determine the level of trauma alert and activate trauma alert via intercom/telephone/pager.
  - a. Full Trauma Alert – This will activate the entire Trauma Team:
    1. Full Trauma Alert – ED Allied Health professional/mid-level practitioner in charge of the trauma alert; the presence of the ED physician in the ED at the time of arrival of the patient is expected for all high-level trauma alert activations when the hospital was given timely notice by out-of-hospital providers as to the expected arrival of the patient.
    2. If the hospital is not given timely notice by the out-of-hospital providers as to the expected arrival of the patient, it is expected that the Trauma Team will respond immediately upon notification of a high-level trauma alert; the on-call ED Allied Health professional will arrive within 30 minutes of being called.
      - a. The mid-level practitioner will assume responsibility of the trauma patient until Allied Health professional arrives.
  - b. Partial Trauma Alert
    1. All in-house Trauma Team members are notified; out-of-house Trauma Team members are notified upon discretion of the ED Allied Health professional/mid-level practitioner.

2. ED Allied Health professional/mid-level provider assumes responsibility of the trauma patient.

### C. Trauma Team Members Responsibilities

#### 1. Prehospital Personnel

- a. Call trauma alert based on criteria, prehospital care, stabilization, and transport.

#### 2. ED Allied Health Professional/Mid-Level Practitioner

- a. Direct team in care of patient.
- b. Stabilize patient and perform initial assessment and resuscitation of injured patient.
- c. If necessary, consultation with specialty physicians and arrange for transfer of patient to higher level of care.
- d. If the trauma results in death, the medical examiner will be notified.

#### 3. ED Primary Care Nurse

- a. Functions under the ED Allied Health professional/mid-level practitioner.
- b. Communicates with prehospital care staff and ED Allied Health professional/mid-level practitioner to determine and activate level of trauma alert activation.
- c. Coordinates care of the patient and will delegate to another circulating nurse to assist with history of event and patient's past pertinent history, administration of orders, assist with documentation and ongoing assessment and use of Ancillary Services and remain with patient until transfer to another facility, admission to hospital/surgery or dismissed by ED Allied Health professional/mid-level practitioner.
- d. Communicates with family members.
- e. Complete Trauma Charting – Trauma Triage, Primary Assessment, and Secondary Assessment.

#### 4. Circulating ED Nurse/Second Nurse

- a. Functions under the direction of the ED primary nurse.
- b. Assists in preparing the room for trauma patient, assess supplies, and equipment needs on an ongoing basis and order as needed, set up IV lines, and perform interventions and orders as directed by the ED primary nurse.
- c. Provide input to evaluation of the Trauma Activation.
- d. Assist with documentation, obtain copies of records for transfer, complete transfer documentation, and assist with procedures.
- e. Remain with patient until transfer to another facility, admission to hospital/surgery, or dismissed by ED Allied Health professional/mid-level practitioner.

- f. After trauma, designates restocking of supplies.
5. Additional nurses will be called in after-hours and on weekends at the discretion of the ED Allied Health professional/mid-level practitioner.
  6. Charge Nurse/Med-Surgical Nurse Floor Responsibilities
    - a. Charge nurse to respond to trauma alert and communicate with ED primary RN regarding need for an admission bed, arranging for transfer, and assisting in care of the trauma patient.
    - b. Assist with meeting needs of family members, clear area of unnecessary personnel and visitors, and limit all calls to departments that are activated to emergency requests only.
  7. Respiratory Therapy
    - a. Reports to ED and positions at the head of the cart to manage airway, assist in intubation, and other respiratory functions (ventilations, CPR, ABGs); will stay with patient to maintain airway until patient transferred to higher level of care.
    - b. Performs EKG as needed.
    - c. Remains in ED area until dismissed by the ED primary nurse.
  8. Radiology Technician
    - a. Reports to ED with portable x-ray machine and waits for direction to enter care area to obtain x-ray film.
    - b. Will make copies of x-ray/CT films if patient is to be transferred.
  9. Laboratory Technician
    - a. Reports to ED and awaits orders to enter care area to obtain blood specimens.
    - b. Assists with blood products; if indicated, will place crossmatch identification band on patient.
    - c. Blood will be released and utilized without being fully crossmatched if needed.
      1. The ED Allied Health professional/mid-level practitioner will sign appropriate consent for emergency blood administration and lab will make every attempt to have the following in stock:
        - a. 2 units = O Neg
        - b. 4 units = A Pos
        - c. 6 units = O Pos
    - d. In the case that the trauma patient was receiving uncrossmatched blood and needed more than was available on-site, lab will perform a quick blood type to test if the patient could receive type-specific blood that is on-hand (A Pos or O Pos).

1. If patient could not receive either of these types of blood, lab will contact the American Red Cross for more blood to be delivered up to our facility or contact the closest hospital for blood  
[REDACTED]
2. Please refer to [REDACTED] laboratory policy, "Blood Released Uncrossmatched."

#### 10. Social Services/Clergy

- a. Functions independently assessing trauma event and communicating with ED primary nurse of patient status as needed and provides support for the family, patient, and staff.
- b. Arrange for debriefing session, if applicable.
- c. Assist with phone calls/arrangements, etc., of family members.

#### 11. Paramedic

- a. Functions under the direction of the ED primary nurse, assists with CPR, ventilation, vital signs, and obtaining supplies, equipment, etc., as needed.

#### 12. Additional Staff Members (Certified Nursing Assistant/Ward-Clerk)

- a. Assists ED Allied Health professional/mid-level practitioner, and nurse with making phone calls, answering phones, assists nurse with trauma recording of events and gathering paperwork for transfer of patients ("Pediatric/Adult Trauma Record").
- b. Assists with calling in other staff members, if needed, at the direction of the ED Allied Health professional/mid-level practitioner, and nurse.
- c. Assists with gathering and setting out supplies and equipment.

#### D. Quality Assurance Monitoring

1. Trauma Coordinator/Trauma Medical Director will collect and monitor trauma data.
2. Trauma Coordinator/Trauma Medical Director and Trauma Committee will monitor trauma charts for documentation compliance, response times, and appropriateness of care and use of the Trauma Alert Activation.

## DOCUMENTATION

All trauma patients are documented on Adult/Pediatric Trauma Record or in the Electronic Medical Record.

## REFERENCES

- A. Iowa Department of Public Health, Bureau of EMS, (2013), "Facility Categorization Criteria: Iowa Trauma System Community (Level IV)," retrieved February 20, 2013, from <http://www.idph.state.ia.us/ems/trauma.asp>.
- B. National Center for Injury Prevention and Control: Division of Injury Response, (2012), "2011

Guidelines for Field Triage of Injured Patients," retrieved February 10, 2013, from [www.cdc.gov/Fieldtriage](http://www.cdc.gov/Fieldtriage).

## Approval Signatures

Step Description	Approver	Date
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