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Policy Area Emergency
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Trauma Alert Protocol and Activation of the Trauma Team

PURPOSE

- A. To provide a standard of care in order to activate resources necessary to care for all victims of major trauma.
- B. 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 a trauma patient - A victim of external causes 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 Physician
 - 2. ED Nurse/Charge Nurse
 - 3. Radiology Technologist
 - 4. Laboratory Technician
 - 5. Respiratory Therapist
 - 6. Paramedic (may function as the circulating nurse)
 - 7. Social Services/Clergy (if needed)
 - 8. Additional staff members, if needed, for call in (additional nurses, physicians, lab, x-ray, certified nursing assistant/ward clerk)
- C. Trauma Alert Protocols
 - 1. Trauma Alert Criteria

a. Physiologic Criteria - Patient must meet at least one of the following:

1. Glasgow Coma Score <8 with mechanism attributed to trauma.
2. Respiratory compromise/obstruction and/or intubation.
3. Confirmed systolic blood pressure (SBP) less than 90 in age-specific pediatrics.
4. Trauma

a. Anatomic Abnormality (anyone present)

1. Penetrating injury to the head, neck, torso, and extremities proximal to elbow and knee
2. ED physician discretion

b. Mechanism of injury (patient must meet at least one of the following):

1. Burns greater than 10% or involving face/airway
2. Amputation proximal to the wrist or ankle
3. Crushed, degloved, mangled, or pulseless extremity
4. Injury with extremity paralysis or paresthesia
5. Suspected two or more long bone fractures or any open long bone fracture
6. Open or depressed skull fracture
7. Ejection from vehicle
8. Chest wall instability or deformity
9. High speed crash >45 mph
10. Airbag deployment
11. Rollover (unrestrained occupant)
12. Pedestrian thrown >15 feet or run over
13. Significant intrusion of passenger compartment
14. Motorcycle, all-terrain vehicle (ATV), bicycle accident >20 mph
15. Fall-pediatric >10 feet (1 story = 10 feet) or >2 to 3 times the victim's height, adult >20 feet
16. Time sensitive extremity injury

b. Risk Factors

1. Age <12 year and >55 years old

2. Hostile environment, heat/cold
3. Medical illness, chronic obstructive pulmonary disease, congestive heart failure, cardiac, etc.
4. Pregnancy
5. Suspected drug/alcohol intoxication
6. Emergency Medical Services (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, the on-call ED physician, and the EMS personnel notifying the hospital of the event.
- b. Any Advanced Cardiovascular Life Support (ACLS) certified nurse may answer the ambulance call/radio and receive the request to initiate the Trauma Team Activation.
- c. The assigned ED RN will page over the intercom system, "Trauma Team to the Emergency Room" twice.
 1. [REDACTED] If the alert is after 1630, the on-call personnel/Trauma Team will be notified by cellphone.
 2. The notification will be announced as "Trauma Alert, Please Respond Immediately to the Emergency Department."
- d. For multiple trauma patients, see [REDACTED] policy, "Emergency Preparedness Disaster Plan-Code Triage."

2. Pre-Hospital Care Report

- a. The EMS personnel at the scene may request a Trauma Team Activation on any injured patient via radio/cellphone contact with the ED staff.
- b. The qualified hospital staff will collect the following information from the pre-hospital 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 the Emergency Room physician and document the time of notification.

B. Criteria

1. Trauma Alert Activation - The Trauma Team will be activated by the ED nurse or ED physician, in consultation with the EMS personnel in charge of the patients who meet the following criteria based on pre-hospital assessment or presenting ED assessment of those arriving by private vehicle.
2. Based on dispatch information, the ED nurse in consultation with the ED physician will determine if a Trauma Alert should be activated.
 - a. Trauma Alert - This will activate the entire Trauma Team.
 1. Trauma Alert - ED physician 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 trauma alert notifications when the hospital is given timely notice by out-of-hospital providers as to the expected arrival of the patient.
 2. If the hospital was 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 Trauma Alert; the ED physician will arrive within 30 minutes of being called.

C. Trauma Team Members Responsibilities

1. Pre-Hospital Personnel
 - a. Call Trauma Alert based on the criteria, pre-hospital care, stabilization, and transport.
2. ED Physician
 - a. Direct team in care of patient.
 - b. Stabilize the 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 physician.
- b. Communicates with pre-hospital staff and ED physician to determine and activate the trauma alert.
- c. Coordinates care of the patient and will delegate to another circulating nurse to assist with the history of the event and the patient's pertinent history.
 1. Administration of orders, assist with documentation and ongoing assessment and use of ancillary services, remain with the patient until transfer to another facility, admission to hospital or discharged by ED physician.
- 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 the trauma patient, assesses 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 the patient until transfer to another facility, admission to hospital/surgery, or discharged by ED physician.
- f. After trauma, designate restocking of supplies.

5. Additional nurses will be called in after-hours and on weekends at the discretion of the ED physician.

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 (ventilation, CPR, ABG's); will stay with the patient to maintain airway until patient is

transferred to higher level of care.

- b. Performs EKG as needed.
- c. Remains in the 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. Responds to ED and awaits orders to enter care area to obtain blood specimens.
- b. Assist with blood products, if indicated, will place crossmatch identification band on patient.
- c. Blood products will be released and utilized without being fully cross-matched if needed; the ED physician will sign appropriate consent for emergency blood administration and lab will make every attempt to have the following in stock:
 - 1. 4 Units O Neg
 - 2. 2 Units A Pos
 - 3. 2 Units O Pos
- d. In the case that the trauma patient was receiving uncrossed matched blood and needed more that 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).

10. Social Services/Clergy

- a. Functions independently assessing trauma event and communicating with the ED primary nurse of patient's 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, obtaining supplies, equipment as needed.

12. Additional Staff Members (CNA/Ward Clerk)

- a. Assists ED physician and nurse with making phone calls, answering phones, assist nurse with trauma recording of events and gathering paperwork for transfer of patients ("Adult/Pediatric Trauma Record").
- b. Assist with calling other staff members, if needed, at the discretion of the ED physician or nurse.

c. Assist 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 of 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

CDC: "Guidelines for Field Triage of Injured Patients: Recommendations of the National Expert Panel on Field Triage," 2011, retrieved on July 21, 2016 from <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6101a1.htm>.

Approval Signatures

Step Description

Approver

Date

DOCUMENT CONTROL COORD

COORD-EMERGENCY MGMT

