DEPARTMENT: Poudre Valley Hospital Emergency Medical Services	POLICY DESCRIPTION: Trauma Team Activation Guidelines
PAGE: 1 of 1	REPLACES POLICY DATED:
APPROVED: 3/11	RETIRED:
EFFECTIVE DATE: 4/11	REFERENCE NUMBER: 419

SCOPE:
Poudre Valley Hospital EMS Division

PURPOSE: To define guidelines for trauma team activations

Protocol: Trauma Team Activation

Purpose

PVHS uses a 2-tiered activation structure for optimal resources for the injured patient. Criteria have been established to identify patients that need specific team resources.

Considerations on Full Trauma Team Activations (FTTA):

A. FTTA patients should be transported to the most rapidly accessible level 2 trauma center (MCR).
B. Deviation of destination protocols based upon field variables and/or paramedic judgment must be cleared through base physician contact.
C. Air medical transport may be considered if extended extrication (>20 minutes) is anticipated or a time saving of about 15 minutes to definitive care can be achieved.
D. Advise ER of FTTA ASAP. Full teams need to be activated in a timely manner to give the team time to arrive in the ED prior to arrival. Optimally, at least 15-20 minutes.
E. All FTTA patients are required to be transported emergent.
F. Special concerns reported prior to arrival. Full report given to the entire team upon arrival. Trauma Surgeon, Chief Trauma Nurse and, if delegated, recorder needs all pertinent information

Considerations on Limited Trauma Team Activations (LTTA):

A. LTTA patients may be transported non-emergent or emergent, as conditions warrant.
B. LTTA patients meeting mechanism criteria should be transported to the nearest trauma center (PVH, McKee, MCR, etc.).
C. Reports to the ER should be called in ASAP.
D. QRT's should defer LTTA to ALS.

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Trauma Team Activation Criteria

FULL Trauma Team Criteria

1. PRIMARY SURVEY: PHYSIOLOGIC

	Adult (15+ yrs)	Child (0-14 yrs)	
Airway	Unable to adequately ventilate. Intubated or assisted ventilation.		
Breathing	Resp Rate < 10 or > 30/min	Any sign of resp insufficiency	
Circulation	Systolic BP < 90 mm/Hg	Any sign of Abnormal Perfusion (cap refill>2sec; BP low for age)	
		Age	SBP (mm/Hg)
		< 1 yr	< 60
		1 – 10 yrs	< 70 +2x age
		> 10 yrs	< 90
Deficit	GCS Motor Score ≤ 5	AVPU – Resp to Pain or Unresp	

• Deterioration of Prev. Stable Pt • Transfers Req. Blood Transfusion

2. SECONDARY SURVEY: ANATOMIC

- Penetrating injuries to the Head, Neck, Torso or Extremities proximal to Elbow/Knee
- Open or Depressed Skull Fracture
- Paralysis or Suspected Spinal Cord Injury
- Flail Chest
- Unstable Pelvic Fracture
- Amputation proximal to the Wrist or Ankle
- Two or more Proximal Long Bone Fractures (Humerus or Femur)
- Crushed, Degloved or Mangled Extremity

LIMITED Trauma Team Criteria

3. MECHANISM OF INJURY

- Falls (Adult): > 20 ft; **or** (Child): > 15 ft or 3x ht
- High Risk auto crash, with:
  - Intrusion of vehicle ≥ 12" in occupant compartment; **or** > 18" other site
  - Ejection (partial or complete) from automobile
  - Death in same passenger compartment
- Auto vs Pedestrian/Cyclist thrown, run over, **or** with significant (> 20 mph) impact
- Motorcycle Crash > 20 mph
- High Energy Dissipation or Rapid Decelerating Incidents, ie:
  - Ejection from Motorcycle, ATV, Animal, etc
  - Striking fixed object with momentum
  - Blast or Explosion
- High Energy Electrical Injury
- Burns > 10% TBSA (2° or 3°) and/or Inhalation Injury
- Anticoagulation or Bleeding Disorders
- Suspected Non-Accidental Trauma
- EMS Provider Judgment

TRAUMA CENTER
OF THE ROCKIES
POUDRE VALLEY HEALTH SYSTEM

vers. 6.2010

REFERENCES: