DEPARTMENT: Poudre Valley Hospital	POLICY DESCRIPTION: Trauma Team
Emergency Medical Services	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** 

## <u>Purpose</u>

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.

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

# **Trauma Team Activation Criteria**

## **FULL Trauma Team Criteria**

#### 1. PRIMARY SURVEY: PHYSIOLOGIC Adult (15+ yrs) Child (0-14 yrs) Unable to adequately ventilate. Intubated or assisted ventilation. Breathing Resp Rate < 10 or > 30/min Any sign of resp insufficiency Any sign of Abnormal Perfusion Circulation Systolic BP < 90 mm/Hg (cap refill>2sec; BP low for age) SBP (mm/Hg) < 1 yr < 60 < 70 +2x age 1 - 10 yrs > 10 yrs < 90 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

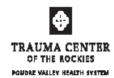
High Energy Electrical Injury

Burns > 10% TBSA (2° or 3°) and/or Inhalation Injury

Anticoagulation or Bleeding Disorders

Suspected Non-Accidental Trauma

EMS Provider Judgment



vers. 6.2010

## **REFERENCES:**