### 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.
# Trauma Team Activation Criteria

### 1. PRIMARY SURVEY: PHYSIOLOGIC

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Adult (15+ yrs)</th>
<th>Child (0-14 yrs)</th>
<th>(38^\circ F)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Airway</td>
<td>Unable to adequately ventilate, intubated or assisted ventilation</td>
<td></td>
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<tr>
<td>Breathing</td>
<td>Respiratory rate &lt; 10 or &gt; 30/min</td>
<td>Any sign of respiratory insufficiency</td>
<td></td>
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<tr>
<td>Circulation</td>
<td>Systolic BP &lt; 90 mmHg</td>
<td>Any sign of abnormal perfusion (cap refill &gt;2 sec: BFLOW/age)</td>
<td></td>
</tr>
</tbody>
</table>

- Age: 5 yr
- 1 - 10 yrs: < 60
- > 10 yrs: < 70 +2 age

<table>
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<tr>
<th>Deficit</th>
<th>GCS Motor Score &lt; 5</th>
<th>AVPU – Reap to Pain or Unres</th>
<th></th>
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</thead>
</table>

### 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 Rib Fracture
- Amputation proximal to the Wrist or Ankle
- Two or more Proximal Long Bone Fractures (Humerus or Femur)
- Crushed, Degloved or Mangled Extremity

### 3. MECHANISM OF INJURY

- Falls (Adult): > 20 ft; (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 Disipation 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

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**REFERENCES:**

Public/System Policies/