



Trauma Center Practice Management Policy
Iowa Methodist Medical Center and Blank Children's Hospital
Des Moines, Iowa

PEDATRIC TRAUMA TEAM RESPONSE	
Policy #3	
PEDIATRIC Practice Management Policy	Effective: 07/31/1998
Contact: Trauma Center Medical Director/ Trauma Center Program Manager	Last Reviewed: 01/29/2017

- I. **PURPOSE:** To provide guidelines for activating Level 1 and Level 2 Trauma Alerts for patients ≤ 17 years .

To maximize appropriate resource utilization while assuring timely, organized, and appropriate care of the highest standard to the patients admitted to the Trauma Services.

- II. **STATEMENT:** A dedication to excellence in providing optimal patient care is the essence of the commitment provided to each individual trauma victim.

- III. **PROCEDURE:**
 - A. Communication is established in the prehospital setting by radio/telephone contact with the Emergency Department. Using the established criteria for determination of the need for a trauma alert, the Emergency Department staff contacts the Emergency Communication Center (ECC) to activate a trauma alert. The Emergency Department staff may collaborate with the trauma surgeon to determine appropriate level of alert to be activated. Based upon the report from EMS personnel or the referring physician, the Emergency Physician may activate the trauma alert system.

 - B. Level 1 Trauma Alert is based off of physiological and anatomical criteria.

 - C. Level 2 Trauma Alert correlates with mechanism of injury.

- D. The level of trauma alert is decided by matching the EMS report either from the scene/the transferring hospital/or on presentation to the ED with the trauma alert criteria (including activation upgrade risk factors).
- E. The level of trauma alert mobilizes the personnel and resources needed prior to the patient's arrival (when arrival times are known in advance).
- F. ECC announces overhead "Your attention please. PEDIATRIC LEVEL 1 or LEVEL 2 Trauma Alert, ETA, and Trauma room number . This will alert ancillary service staff. A group page over the pager system alerts trauma team members. Pagers will indicate the level of trauma alert, MOI, mode of arrival and ETA.

IV. LEVEL 1 TRAUMA ALERT, FULL TEAM RESPONSE

Emergency Communication Center: One alert tone will sound and an announcement "YOUR ATTENTION PLEASE, THERE IS A PEDIATRIC LEVEL 1 TRAUMA ALERT ETA..." The dispatcher will repeat the message three times overhead and individuals will be paged STAT.

Criteria for Level 1 Trauma Alert:

- A. Physiologic Level 1**
 - 1. Glasgow Coma Scale \leq 13 per EMS assessment
 - 2. Systolic BP less than 90 mmHg (or age specific hypotension)
 - 3. Respiratory rate $<$ 10 or $>$ 29 breaths per minute, or need for ventilatory support ($<$ 20 in age $<$ 1year)
 - 4. Patients receiving blood products during transport
- B. Anatomic Level 1**
 - 1. All penetrating injuries to head, neck, torso or extremities proximal to elbow or knee
 - 2. Chest wall instability or deformity (e.g. flail chest)
 - 3. Suspected two or more long-bone fractures (i.e. humerus, femur, tibia)
 - 4. Crushed, degloved, mangled or pulseless extremity
 - 5. Amputation proximal to wrist or ankle
 - 6. Suspected pelvic fracture
 - 7. Open or depressed skull fracture
 - 8. Paralysis or suspected spinal cord injury
 - 9. Pediatric Emergency or Trauma physician's discretion

V. LEVEL 2 TRAUMA ALERT, PARTIAL TEAM RESPONSE

Emergency Communication Center: One alert tone will sound and an announcement “ATTENTION PLEASE, THERE IS A PEDIATRIC LEVEL 2 TRAUMA ALERT ETA...”-The dispatchers will repeat the message three times overhead and individuals will be paged STAT.

Criteria for Level 2 Trauma Alert:

A. Mechanism of Injury

1. Fall \geq 10 feet
2. Significant intrusion of passenger compartment (including roof) \geq 12 inches
3. Ejection from vehicle
4. Death in same passenger compartment
5. Vehicle telemetry data consistent with high risk of injury
6. Pedestrian or bicyclist thrown, run over, or with significant (\geq 20 mph) impact
7. Motorcycle **or** ATV crash \geq 20 mph
8. Pediatric Emergency or Trauma Physician's discretion
9. Any 2 risk factor criteria (see below).

VI. TRAUMA TEAM ACTIVATION UPGRADE CRITERIA: RISK FACTORS

Criteria:

- A. Burns: With trauma mechanism (*ED to see those without trauma mechanism*)
- B. Pregnancy \geq 20 weeks
- C. EMS provider judgment
- D. Environmental exposure (heat/cold) with mechanism attributed to trauma
- E. Alcohol/Drugs

VII. TRAUMA TEAM CONSULT (NOT ANNOUNCED OVER OPEN)

Criteria:

- A. Does not meet Level 1 or Level 2 Trauma Alert Criteria
- B. Injuries limited to a single organ system or which potentially require no hospitalization.
- C. Non-accidental pediatric trauma.
- D. 3 or more rib fractures.
- E. These patients should be assessed and triaged by the Pediatric Emergency Department physician as indicated.
- F. Trauma Surgeon judgement if patient assessed at an outside hospital.

LEVEL 2 patients may be upgraded to **LEVEL 1** based upon the professional opinion of the attending in the Pediatric Emergency Department or Trauma physician's discretion.

LEVEL 1 patients **have the highest priority** access to the Operating Room, CT Scan, Angiography and other special services.

FOR LEVEL 2 patients access to the Operating Room, CT Scan, Angiography and other special services will be within one hour of notification of need or sooner if their condition deteriorates.

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