



Trauma Center Practice Management Policy

*Iowa Methodist Medical Center and Blank Children's Hospital
Des Moines, Iowa*

ADULT TRAUMA TEAM RESPONSE	
Policy #4	
ADULT 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 Alert for patients \geq 18 years of age.

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 to 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 the 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 the 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 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, ADULT LEVEL 1 or LEVEL 2 Trauma Alert ETA, and Trauma Room number. This will alert ancillary staff. A group page over the pager system to alerts trauma team members. Pages 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, "ATTENTION PLEASE, THERE IS AN ADULT LEVEL 1 TRAUMA ALERT ETA...." Dispatchers will repeat the message three times overhead and individuals will be paged STAT.

Criteria:

- A. **Physiologic Level 1:**
 - 1. GCS \leq 13 per EMS assessment
 - 2. Systolic < 90 mmHg
 - 3. Respiratory rate <10 or >29 breaths per minute, or need for ventilator support
 - 4. Patients receiving blood products during transport
- B. **Anatomic Level 1:**
 - 1. All penetrating injuries to head
 - 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. Adult Emergency Physician 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 AN ADULT LEVEL 2 TRAUMA ALERT ETA...” The dispatcher will repeat the message three times overhead and individuals will be paged STAT.

Criteria:

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 (> 20 mph) impact
7. Motorcycle or ATV ≥ 20 mph
8. Adult Emergency or Trauma Physician's discretion
9. Any 2 risk factor criteria (see below)

VI. TRAUMA ACTIVATION UPGRADE CRITERIA: RISK FACTORS

1. Age > 55 years
2. On anticoagulants with evidence of head injury
3. Systolic BP < 110 mmHg may represent shock in older patients (age ≥ 55 years)
4. Burns with trauma mechanism
(*ED to see those patients without trauma mechanism*)
5. Falls down ≥ 5 stairs
6. Pregnancy ≥ 20 weeks
7. EMS provider judgment
8. Environmental exposure (heat/cold) with mechanism attributed to trauma.

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. Fracture of 3 or more ribs.
- D. These patients should be seen and triaged by the Emergency Department physicians as indicated.
- E. 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 ED attending physician or Trauma Physician's discretion.

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

For LEVEL 2 patient's 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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