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 in the Emergency Department. Using the established criteria for determination of the need for a trauma alert, the Emergency Department staff contacts the 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 the energy forces and mechanism of injury. The Level of trauma alert is derived by the report from the scene/transfering hospital or on presentation.

D. The trauma alert mobilizes the personnel and resources which may be necessary to care for the critically injured patient. An estimated time of arrival is given with the alert message when arrival times are known in advance. “Your attention please. PEDIATRIC LEVEL 1 or LEVEL 2 Trauma Alert ETA, (estimated time of arrival in minutes), will be announced over the hospital loudspeaker system to alert ancillary services and also by group page over the pager system to alert team members. Pagers will indicate the type of trauma alert, mode of arrival and ETA.
The words “trauma alert” do not necessarily measure the severity of injury, but simply serve as a means to mobilize manpower and resources which might be necessary to resuscitate a critically injured patient.

IV. LEVEL 1 TRAUMA ALERT, FULL TEAM RESPONSE

Emergency Communication Center will announce: “ATTENTION PLEASE, THERE IS A PEDIATRIC LEVEL 1 TRAUMA ALERT ETA....” This will be announced three times over the open sound system and individuals will be paged STAT.

Criteria:

A. Physiologic Level 1
   1. GCS ≤ 13 at any time
   2. Systolic BP < 90 mmHg (or age specific hypotension)
   3. Respiratory rate < 10 or > 29 breaths per minute, or need for ventilatory support (< 20 in age < 1 year)

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
   4. Amputation proximal to wrist or ankle
   5. Suspected pelvic fracture
   6. Open or depressed skull fracture
   7. Spinal injury/paralysis (or paresthesia)
   8. Transfer patients from other hospitals receiving blood to maintain vital signs
   9. Pediatric Emergency Physician’s discretion
   10. Level 2 criteria + 1 risk factor

V. LEVEL 2 TRAUMA ALERT, PARTIAL TEAM RESPONSE

Emergency Communication Center will announce: “ATTENTION PLEASE, THERE IS A PEDIATRIC LEVEL 2 TRAUMA ALERT ETA....” --This will be announced three times over the open sound system and individuals will be paged STAT.

Criteria:

A. Mechanism of Injury
   1. Fall ≥ 10 feet
   2. Significant intrusion of passenger compartment (including roof) ≥ 12 inches
   3. Ejection from vehicle
   4. Death in same passenger compartment
   5. Vehicle telemetry data consistent with high risk of injury
   6. Auto vs. pedestrian/bicyclist thrown, run over, or with significant (≥ 20 mph) impact
   7. Motorcycle, ATV, bicycle accident ≥ 20 mph
   8. Pediatric Emergency Physician’s discretion
   9. Any 2 risk factor criteria
VI. TRAUMA TEAM ACTIVATION UPGRADE CRITERIA: RISK FACTORS

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

VII. LEVEL 3 TRAUMA TEAM CONSULT, (NOT ANNOUNCED OVER OPEN)

Criteria:
A. No Level 1 or Level 2 signs or symptoms
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 seen and triaged by the Pediatric Emergency Department physicians as indicated.

LEVEL 2 and 3 patients may be upgraded to LEVEL 1 or 2 at any time based upon the professional opinion of the attending Emergency Department physician, or if the patient has 1+ risk factor criteria.

FOR LEVEL 1 patients access to the Operating Room, CT Scan, Angiography and other special services will be of highest priority.

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. These patients have uncertain status; their condition may appear stable on arrival only to deteriorate later.

DISTRIBUTION LIST: Members of the Trauma QI, Trauma Nursing QI and Trauma Committees, LIFE FLIGHT, ADULT & PEDIATRIC EMERGENCY DEPARTMENTS, LABORATORY, BLOOD BANK, RADIOLOGY, SURGERY, PACU, ICU, PICU, GENERAL FLOORS, (Blank 3 and 4, North 3, 4, 5, and 6, Powell 4 and 5, Younker 5), and SURGERY EDUCATION.

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