Michigan Trauma Coalition Trauma Activation Criteria Disclaimer Statement

The Michigan Trauma Coalition (MTC) is a non-profit, membership organization comprised of trauma centers, health care professionals and organizations dedicated to reducing traumatic injuries while developing better care and treatment for trauma patients in Michigan. The trauma activation criteria presented on MTC's website are for informational purposes only and are not meant as advice of any kind. Please consult your legal counsel before implementing any trauma activation criteria or guidelines. The trauma activation criteria presented on MTC's website are examples only and are not intended to replace clinical judgment.

MTC makes no representations or warranty, express or implied, about the trauma activation criteria or any other items used either directly or indirectly from MTC's website, and reserves the right to makes changes and corrections at any time, without notice. MTC accepts no liability for any inaccuracies or omission in the trauma activation criteria or in MTC's website. Any decisions you make based on information contained in the guidelines or MTC's website are solely your responsibility. MTC accepts no liability for any direct, indirect, special, consequential or other losses or damages of whatsoever kind arising out of access to, or the use of the trauma activation criteria or MTC's website. MTC does not assume any legal liability or responsibility for the accuracy, completeness, clinical efficacy, and effectiveness of the trauma activation criteria hosted on MTC's website. The hosting of these activation criteria should not be considered an endorsement of its content, product, or apparatus or refutation of any alternate management strategy.

By using MTC's website, you agree that the exclusions and limitations of liability are reasonable. If you do not agree, you must not use the MTC website, including the activation criteria. No materials, including the activation criteria from the MTC website, may be reproduced, republished, posted, transmitted, or distributed in any way. The use of any such material for any other reason, on any other website, or the modification, distribution, or republication of this material without prior written permission of MTC, is strictly prohibited.

See Pg. 2 for Sample Trauma Activation Criteria #2

PURPOSE

To provide guidelines for the appropriate activation of trauma alerts based on patient acuity.

DEFINITION

N/A

POLICY

- 1. Trauma team activations are initiated in accordance with the American College of Surgeons standards of care. A three-tiered activation system will be utilized.
 - 1.1 Level One Trauma
 - Level One Trauma Activation Guideline
 - 1.1.1.1 The trauma team should be notified via pager of "level one trauma alert" based on pre-hospital notification or upon arrival of the patient to the emergency center
 - Level One Trauma Parameters 1.1.2
 - 1.1.2.1 Trauma Patients should be triaged to the resuscitation module and will generate a level one trauma team response if any one of the following criteria is met:
 - Emergency physician's discretion
 - Confirmed blood pressure < 90 mm Hg at any time in adults and age specific for children
 - Respiratory compromise/obstruction and/or intubation
 - Glasgow Coma Scale < 9 with a mechanism attributed to trauma
 - Gun shot wound to the torso/neck. Torso includes chest, abdomen, buttocks and or groin.
 - Any transfer patient with blood transfusion for maintenance of vital
 - Transfer patients from other facilities with any of the above criteria
 - 1.1.3 Level One Trauma Response Guidelines
 - 1.1.3.1 Surgical Team Members:
 - 1.1.3.1.1 Attending Surgeon, Chief Surgical Resident, Senior Surgical Resident (s), Junior Surgical Resident (s)
 - 1.1.3.2 Emergency Center Team Members:
 - Attending Emergency Physician, Emergency Resident, 1.1.3.2.1 Registered Nurse (2) (Scribe and Circulating), Emergency Room Technician, Health Unit Coordinator

POLICY (Continued)

1.1.3.3 Other Team Members:

1.1.3.3.1 Respiratory Therapist, Radiology Technician, CT Technician (to be notified via pager only does not attend ECRM)

1.2 Level Two Trauma

- 1.2.1 Level Two Trauma Activation Guideline
 - 1.2.1.1 The trauma team should be notified via pager of "level two trauma alert" based on pre-hospital notification or upon arrival of the patient to the emergency center
- 1.2.2 Level Two Trauma Parameters
 - 1.2.2.1 Trauma patients should be triaged to the Resuscitation module and will generate a level two trauma team response if any *one* of the following criteria is met:

1.2.2.1.1 Mechanism of Injury:

- High speed motor vehicle crash > 55 mph with major auto deformity or intrusion greater than 12 inches.
- Ejection from a motor vehicle
- Prolonged extrication time on the scene (> 20 minutes)
- Death in the same passenger compartment
- Pedestrian, bicycle, or motorcycle crash with the victim thrown, run over, or with significant impact greater than 20 mph.
- Fall > 20 feet
- Fall on Anticoagulants GCS 9-13

1.2.2.1.2 Anatomic Criteria:

- All <u>stab wound</u> injuries to head, neck and or torso. Torso includes chest, abdomen, buttocks and or groin.
- Flail chest or greater than 3 rib fractures
- Two or more proximal long bone fractures
- Amputation proximal to wrist or ankle
- Focal neurological deficits after traumatic injury
- Pregnancy > 20 weeks <u>Notify OB Resident at XXXX</u> and OB charge nurse at XXXX
- Burns with > 20% total burned surface area

1.2.2.1.3 Extremes of Age:

1.2.2.1.3.1 < 5 years or > $\underline{70}$ years of age

POLICY (Continued)

- 1.2.2.1.4 Transfer Patients:
 - 1.2.2.1.4.1 Any patient that is transferred from another facility for further definitive care meeting the above criteria
- 1.2.3 Level Two Trauma Response Guidelines
 - 1.2.3.1 Surgical Team Members
 - 1.2.3.1.1 Senior Surgical Resident, Junior Surgical Resident (s)
 - 1.2.3.2 Emergency Center Team Members
 - 1.2.3.2.1 Attending Emergency Physician, Emergency Resident, Registered Nurse (2) (Scribe and Circulating), Emergency Room Technician, Health Unit Coordinator
 - 1.2.3.3 Other Team Members
 - 1.2.3.3.1 Respiratory Therapist, Radiology Technician, CT Technician (to be notified via pager only, does not attend ECRM)
- 1.3 Level Three Trauma
 - 1.3.1 Level Three Trauma Activation Guideline
 - 1.3.1.1 The Trauma team should be notified via pager of "level three trauma alert" based on pre-hospital notification or upon arrival of the patient to the emergency center
 - 1.3.2 Level Three Trauma Parameters
 - 1.3.2.1 Trauma patients should be triaged to the Resuscitation Module and will generate a level three trauma team response if the following criteria is met:
 - 1.3.2.1.1 Absent vital signs at the scene with no signs of life and transport time > 5 minutes. (The majority of these patients will be Dead on Arrival)
 - 1.3.2.1.2 Isolated gun shot wound to the head with noted gray matter

POLICY (Continued)

- 1.3.3 Level Three Trauma Response Guidelines
 - 1.3.3.1 Surgical Team Members:

- 1.3.3.1.1 Junior Surgical Resident
- 1.3.3.2 Emergency Center Team Members:
 - 1.3.3.2.1 Attending Emergency Physician, Emergency Resident, Registered Nurse (2) (scribe and circulating), Emergency Room Technician, Health Unit Coordinator
- 1.4 Trauma Surgery Consultation
 - 1.4.1 Trauma Consult Parameters
 - 1.4.1.1 Trauma consults should be initiated based on the following criteria:
 - 1.4.1.1.1 Any condition other than Level One, Level Two, or Level three that requires a surgeon and/or based on the Emergency Physician's discretion
 - 1.4.1.1.2 Any patient with an injury requires a trauma surgery consult prior to admission to a non-surgical service
 - 1.4.1.1.3 A STAT trauma consult should be initiated on patients who have a new finding of instability warranting immediate response from the trauma team.
 - 1.4.2 Trauma Consult Activation Guideline
 - 1.4.2.1 The trauma surgery resident on call should be notified via pager of the need for a trauma surgery consult in the emergency center
 - 1.4.3 Trauma Consult Response Guideline
 - 1.4.3.1 The trauma surgery resident on call should evaluate a trauma consult in the emergency center within two (2) hours of notification.
 - 1.4.3.2 The senior trauma surgery resident on call or from the Trauma team should evaluate a stat trauma consult in the Emergency Center within thirty (30) minutes of notification.

RESPONSIBLE PERSONS

Emergency Center Staff Trauma Resuscitation Team Members Trauma Service

EQUIPMENT

N/A

PROCEDURE & RATIONALE / EMPHASIS

N/A

DOCUMENTATION AND REVIEW SHEET	
DOCUMENTATION	
DATES OF REVIEW	December/2003
	February/2004
	June/2011
	December 17, 2012
	May 6, 2013