

PROTOCOL FOR: Category I Full Trauma Alert

- POLICY:
1. Patients will be evaluated in the field by EMS to assess the level of physiologic or anatomic severity.
 2. If the Emergency Department Physician/Medical Control deems it necessary, the FULL TRAUMA ALERT will be activated and the trauma team, which includes the Surgical House staff and Surgical Physician Assistant, will be ready when the patient arrives.
 3. The Attending Surgeon on-call will be notified of the Trauma Alert prior to the patient's arrival. If the Attending can not arrive at the ED within 20 minutes after the patient arrives to assume care of the patient, the ED will make arrangements to transport the patient to a Level I facility.
 4. In situations where the patient presents to the Emergency Department, the E.D. physician will activate the trauma team.
 5. If the clinical situation warrants a transfer to a Level I Trauma Center, and the transfer is imminent, the Attending Surgeon may elect not to respond unless requested by the E.D. Physician.

DECISION MAKING

PROCESS:

Patient identification for entry into the FULL TRAUMA ALERT response are Emergency Department patients with known or suspected major trauma who are severely injured, have a high likelihood for immediate surgical evaluation/ intervention, for whom the time factor may be critical for successful resuscitation, and/or who clinically demonstrate one of more of the following:

A. Physiologic Criteria

1. Systolic Blood Pressure < 90 (Adult)
Hypotension in a child - refer to age-appropriate guidelines
2. Glasgow Coma Score < 12 with evidence of trauma
3. Airway Compromise/Respiratory Distress (Respiratory rate of < 10 or > 29 minute)

B. Anatomic Criteria

1. GSW to head, lower neck, trunk, thorax, abdomen, pelvis/axilla and groin
2. Stab wound to chest, lower neck, abdomen or pelvis
3. All traumatized patients with uncontrolled bleeding
4. Evidence of spinal cord injury
5. Amputation (other than digits)
6. Second or third degree burns > 25% BSA or with Airway Compromise

C. Environmental Criteria

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1. High speed MVC (>35 MPH)
2. Ejection from the vehicle
3. Death of another occupant of the same car
4. Fall from a height >20 feet

- ACTIVATION PROCESS:
1. Once decision is made that patient meets the criteria for Full Trauma Alert, the trauma team will be activated. The Emergency Department will notify the Operator by calling 7777, who will activate the call tree.
 2. Actively, the trauma team requires the immediate notification and response of the following:
 - a. On-Call Attending Surgeon and Surgical Resident or covering Surgical Physician Assistant
 - b. Respiratory Therapist
 - c. Nursing Supervisor
 - d. Transportation
 - e. Radiology
 3. The following departments will be notified of the Trauma Alert. The E.D. Attending will determine if their response is required:
 - a. CT Radiology Tech
 - b. Blood Bank
 - c. Operating Room
 - d. Anesthesiology
 - e. ICU Attending will be notified directly by ED Attending
 4. Specific injuries may require the notification and response of one or more of the following:
 - a. Neurosurgeon
 - b. Orthopedic Surgeon
 - c. Urologist
 - d. Cardiologist
 - e. Chaplain

An EMTALA page may be used to contact appropriate on call services.

APPROVAL: ED Trauma Committee
Nursing Standards Committee

EFFECTIVE DATE: 7/99

REVISION DATE(S): 11/99, 11/08

REVIEW DATE: 1/06