RIVERVIEW HOSPITAL

|Control # 30702014

Wisconsin Rapids, WI

|Originating Unit: Emergency Department |Supersedes: 6/12 REVISED: 3/15

Attachments: Trauma Team Activation Criteria

PROTOCOL

Frequency of Review: Every 2 years

TITLE: Trauma Team Activation Criteria and Trauma Team Role Assignments

PURPOSE: To define the roles of the members of the Trauma Team and to outline the Trauma team activation criteria by calling Patient Registration/Switchboard and identifying the Trauma level. Switchboard/Patient Registration will activate the team.

LEVEL: Interdependent.

SUPPORTIVE DATA: Trauma Team will be called/considered by the emergency room staff according to the Trauma Team Activation Criteria. (See attachment #1). An emergency room staff member can activate the Trauma Team.

CONTENT: In general, trauma team should be activated when patients present with the injuries or mechanism of injury outlined in the trauma team activation criteria.

TRAUMA TEAM MEMBERS

Green	Level 1	Level 2	Level 3
Team Members	Full Response	Modified Response	Consult/Evaluation
General Surgeon	X	*	*
ED MD	X	X	X
Anesthesia	*	*	*
ED Nurses	X	X	X
ER Tech/Paramedic	X	X	X
Radiology Technician	X	X	*
CT Technician	X	*	*
Laboratory Technician	X	X	*
Respiratory Therapist	X	X	*
Social Services	X	*	*
Radiologist Notified	X	*	*
Nursing Supervisor	X	X	*
OR Crew as needed			

Pediatrician, social services as needed and/or when available

ROLES OF THE TEAM LEADER (ED MD OR GENERAL SURGEON)

- 1. The team leader will direct the course of the primary survey and the resuscitation.
- 2. Secondary assessment and definitive care
- 3. All assessment findings and interventions will be relayed to the recorder
- 4. Makes necessary consults
- 5. Decides on the disposition of the patient
- 6. Talks with family
- 7. Place invasive lines as needed
- 8. Documents/Dictates as needed

ANESTHESIA (MD OR CRNA)

To provide airway assistance and management as needed for trauma patients.

PEDIATRICIAN

- 1. In the event of a Level 1 pediatric trauma, the emergency department will notify the on-call pediatrician.
- 2. The pediatrician will serve as a resource and consult for the trauma team members and at times will have duties/functions delegated to them from the trauma team leader.

X = Will respond upon activation of trauma teams

^{* =} Will respond when consulted or requested

RECORDER/PRIMARY NURSE

1. The Recorder will be a nurse and will be considered the primary nurse for the trauma patient.

- 2. Responsible for crowd and noise control in the trauma room.
- 3. The recorder will record the pre-hospital information obtained from EMS
- 4. Will relay orders to the ED HUC as needed
- 5. Responsible for documenting vital signs and assessment information.
- 6. The Recorder will document medications and fluids times of administration.
- 7. The Recorder will document interventions and who performed the interventions.
- 8. Accompany patient to CT or X-ray as needed
- 9. Will give report to receiving facility, transferring personnel, and/or MSP, CCU.

ROLES OF OTHER ED NURSES

- 1. Assists team leader with primary and secondary assessments.
- 2. Communicates assessment to the Recorder and Team Leader
- 3. Sets up the Rapid Volume Infuser with warmer.
- 4. Administers medications, fluid and blood as ordered by the Team Leader
- 5. Completes interventions as ordered by the Team Leader (Foley, NG tube, IV)
- 6. Monitors the effects of interventions and communicates them to the Team Leader and the Recorder
- 7. Assists with environmental concerns (keeping patient warm)
- 8. Monitor vital signs and GCS.
- 9. Assists in arranging and preparing patient for transfer or admission as needed

ROLE OF ED EMT/PARAMEDIC

- 1. Assists all members of the Trauma Team as needed.
- 2. Assists with care of other ED patients as needed.

NURSING SUPERVISOR

- 1. Will be responsible for determining the need for nursing staff or other resources as needed.
- 2. Assist with interventions as needed.
- 3. Assist with care of the other ED patients as needed.

RADIOLOGY

- 1. In the event of a trauma, the radiology technician will respond to the emergency department and will remain outside the trauma room until needed.
- 2. The radiologist is to be notified by the Rad Tech if Level 1 Trauma Response is activated.
- 3. The Trauma Team Leader will prioritize and order the diagnostics
- 4. In the event that a CT is needed, staff will follow current policies in place for obtaining and reading the CT.
- 5. Prepare disk of digital images as needed for transfer.

RESPIRATORY THERAPIST

- 1. Generally remains at the head of the bed.
- 2. Assists the Team Leader and Anesthesia personnel to assure that the patient's airway is patent and maintained.
- 3. Monitors patient's respiratory status.
- 4. Communicates assessments and interventions with the Team Leader and Recorder
- 5. Continues/Initiates oxygen therapy as ordered
- 6. May be excused by the Team Leader if no respiratory intervention is needed.

LAB TECHNICIAN

1. In the event of a trauma, a Lab technician will respond to the emergency department and will remain outside the trauma bay until needed.

- 2. Responsible for obtaining labs as ordered by the trauma team.
- 3. In a Level 1 Trauma Activation, Blood Bank staff will prepare 2 units of O negative (uncross matched) red blood cells in a validated cooler along with necessary paperwork and will respond to the ED. Blood Bank staff will remain with the cooler until determined if blood is needed for the patient. At that time, the units will be either issued uncrossmatched to the patient or returned to the Blood Bank.

SOCIAL SERVICES (WHEN AVAILABLE)

Offers assistance, information and assurance to the patient's family and significant others.

DOCUMENTATION:

Documentation of assessments and interventions are to be completed on the ER Trauma Flow sheet for Level 1 & Level 2 activations. This will include the times the team members arrived. Documentation of Level 3 activations will be done on-line in the Emergency Department Management Module. When the system is down, documentation will be done on printed copies of the screens and/or blank copies of the ER Trauma Flow sheet.

Level 1 and Level 2 Trauma activations will be logged on the Trauma Activation Log Sheet at the HUC desk and also in Patient Registration (Attachment 2).

REFERENCES:

- Resources for Optimal Care of the Injured Patient 2006. Committee on Trauma American College of Surgeons.
- Trauma Nursing Core Course. 6th Edition (2007).

CROSS REFERENCES: None

DISTRIBUTION: Emergency Dept., Imaging, Laboratory, Respiratory

SUBMITTED BY:		
	Unit Representative	Date
APPROVED BY:	Director of Emergency Dept.	Date
	Director Imaging Services	Date
	Respiratory Care Supervisor	Date
	Director of Laboratory Services	Date
	Chairperson, Clinical Practice Committee	Date
	Lead Nursing Supervisor	Date
	Emergency Services Chief	Date
	Physician, Trauma Medical Director	Date
	Vice President-Patient Services/CNO	Date
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Attachment #1

Riverview Hospital Trauma Team Activation Criteria

• GCS 8 or less with mechanism attributed to trauma

• Intubated and/or Respiratory Compromise/Obstruction

• Systolic Blood Pressure AT ANY TIME:

Adult: <90mmHg

Pediatric: <60mmHg (0-6months)

<70mmHg (6 months to five years)

<80mmHg (over five years)

• Penetrating injury to torso, head, neck, or extremity with pulse deficits

• Patients needing blood to maintain hemodynamics

• Emergency physician discretion

• Glasgow Coma Scale <14

• New onset paralysis

• Flail chest

• Burns:

Adult: >20% TBSA Pediatric: >15% TBSA

Drowning

• Ejection from vehicle

Falls

Adult: > 20 feet

Pediatric: 10 ft. or 2-3 times height of child

• Auto-pedestrian/auto-cycle injury with significant impact

• Pedestrian thrown or run over

Electrocution

• Hypothermia/Cold water immersion

• Pelvic Fractures

• Extrication greater than 20 minutes

• Death in same vehicle

• High speed accident (>40mph):

Intrusion > 12 inches into passenger compartment

Major auto deformity > 18 inches any site

• Motorcycle, ATV, bicycle crash >20mph or ejection from bike

• Age <5 or >60

• Co-morbidity: COPD, DM, CAD, etc

Pregnancy

• Bleeding disorder or on anticoagulants

• Suspected alcohol/drug intoxication

Immunosuppressed

 All other injured patients will be evaluated by the Emergency Department staff and upgraded as indicated WHO RESPONDS:
General Surgeon
ED Physician
ED Nurses
ED EMT Paramedic/Tech
Radiology Tech
CT Tech
Lab Tech
Respiratory Therapist
Case Management
Nursing Supervisor
Notify Radiologist

Level 2

WHO RESPONDS:
ED Physician
ED Nurses
ED EMT Paramedic/Tech
Radiology Tech
Lab Tech
Respiratory Therapist
Nursing Supervisor

Consider Level 2

Level 3

Attachment #2

LEVEL 1 AND LEVEL 2 TRAUMA ACTIVATION LOG

COMMENTS							
MECHANISM OF INJURY							
SURGEON ARRIVAL TIME							
LEVEL 2							
LEVEL 1							
PATIENTS NAME							
TIME							
DATE							
DATE							