

Title: Trauma Alert	<input checked="" type="checkbox"/> Policy <input type="checkbox"/> Procedure <input type="checkbox"/> SOP
Category: Clinical Services Dept/Prog/Service: Emergency/Trauma Services	Distribution: Trauma Team Leaders, Emergency, Anesthesiology, Diagnostic Imaging, Clinical Laboratory, Cardio-Respiratory Services
Approved: Exec. VP, Patient Services & CNE Signature: Approved: Chief of Staff Signature:	Approval Date: April, 1999 Reviewed/Revised Date: May 6, 2014 Next Review Date: May, 2017

CROSS REFERENCES: *Trauma Team – Roles and Responsibilities TR-II-01*

1. PURPOSE

To provide quick access to the trauma team and provide the best possible trauma care in a timely manner to all patients and families. Organized trauma teams have been shown to improve the process and outcome of trauma care¹.

2. POLICY STATEMENT

A “trauma alert” is called whenever there is advanced notice of a trauma patient who has sustained injury which typically would benefit from resources available at the trauma centre.

3. SCOPE

Members of the Thunder Bay Regional Health Sciences Centre (TBRHSC) Trauma Team include the Trauma Team Leader (TTL), on-site emergency physician, trauma nurse practitioner/coordinator, emergency nurses, radiology technologist, social worker, respiratory therapist and laboratory technician. The Trauma Care Team is activated according to the attached guidelines.

The trauma team will be notified by the Emergency Department (ED) of the patient’s expected time of arrival and they, or their designate, will be expected to attend the patient on arrival.

4. DEFINITIONS

TTL – Trauma Team Leader

GCS – Glasgow Coma Scale

PCCR – Pediatric Critical Care Resource Team – PCCR for TBRHSC is London

5. PROCEDURE:

Complete the following form when notified of a trauma patient’s arrival

CRITERIA FOR INITIATION OF A TRAUMA ALERT

The ED nurse will be responsible for completing this form, initiating Trauma Alert, and notifying TTL if “YES” to any of the following criteria.

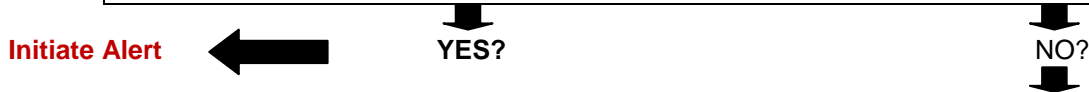
Assess Vital Signs/Level of Consciousness	yes	no
▪ <5 yrs: CONFIRMED systolic BP <80		
▪ >5 yrs: CONFIRMED systolic BP <90		
▪ Respiratory compromise, obstruction and/or intubation R.R. <10 or >29		
▪ GCS = or <12		



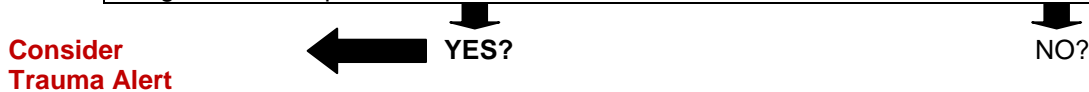
Assess Anatomy of Injury	yes	no
▪ Potential for airway compromise (e.g. severe maxillofacial injury)		
▪ Obvious major vascular injury with external hemorrhage		
▪ Suspected HI (GCS = equal or less than <12) with major torso or extremity injury suspected or present		
▪ Suspected spinal cord injury		
▪ All penetrating injuries to head, neck, chest, abdomen and extremities proximal to elbow and knee		
▪ Multiple open fractures / amputation proximal to elbow or knee / 2 or more proximal long bone fractures or pelvic fracture		
▪ Burns 20% Total Body Surface Area or inhalation injury or facial burns		



Assess Mechanism of Injury	yes	no
▪ Ejection from vehicle		
▪ Death in same passenger compartment		
▪ Extrication time greater than > 20 minutes (time needed to remove patient from damaged vehicle – usually jaws of life involved)		
▪ Falls greater than > 20 feet or falls 3x victims height		
▪ Motor vehicle rollover		
▪ High speed MVC		
▪ Vehicle impact with pedestrian or bicyclist		
▪ Motorcycle / ATV / moped collision greater than > than 30km/h or separation of bike and rider		



Assess Co-morbid Factors	yes	no
Hostile environment (extreme hot or cold)		
Presence of Intoxicants		
Pregnant trauma patient		



Trauma Team Activated YES ___ NO ___ Patient Name _____ Date _____

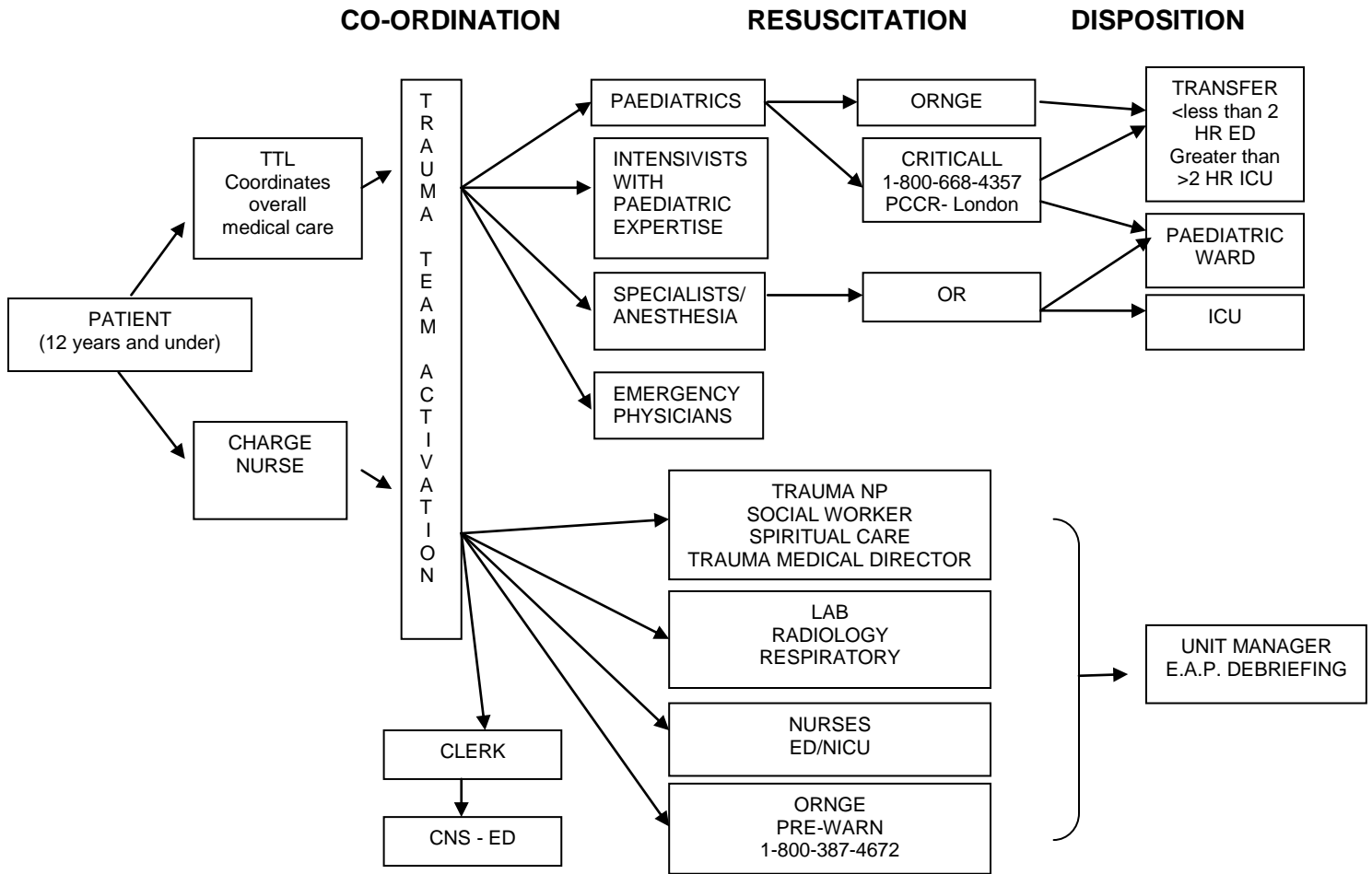
Trauma Coordinator notified YES ___ NO ___

Nurses Signature _____

PLEASE RETURN TO TRAUMA COORDINATOR FOR AUDIT PURPOSES

PAEDIATRIC TRAUMA CARE MAP

Pediatric Trauma Map was developed to assist with role clarification during a pediatric trauma



*Ornge is to be contacted as soon as potential for transfer to higher level of care is identified
 **Pediatrician is responsible for providing the overall medical care, including Criticall and PCCR communication

6. REFERENCES

¹ Mock C, Lormand JD, Goosen J, Joshipura M, Peden M. Guidelines for essential trauma care. Geneva, -World Health Organization, 2004