

Adult Trauma Service

ADULT TRAUMA TEAM ACTIVATION GUIDELINES

These guidelines are to identify the reasons for activating the Trauma Team.

LEVEL A – FULL TEAM RESPONSE: Within 5 Minutes		
<ol style="list-style-type: none"> 1. Confirmed Blood Pressure < 90 or uncontrolled bleeding requiring direct pressure +/-or tourniquet 2. Gunshot wounds to the neck, torso or extremities proximal to the elbow/knee 3. Respiratory compromise/obstruction and/or intubation (on scene or transfer patients) 4. GCS < 9 with mechanism attributed to trauma 5. Trauma Full Arrest; all penetrating, blunt ≤10 minutes down time, total to arrival 6. Threatened extremity (amputation prox. to wrist/ankle, pulseless limb, crushed, mangled or degloved.) 7. Paralysis, suspected spinal cord injury 8. Transfer patients from other hospitals receiving blood, Vasopressor to maintain vital signs 9. Emergency Attending Physician’s discretion to activate when criteria in not met based on pts. needs 	<p>TEAM MEMBERS</p> <p>ED Attending/Resident Trauma Attending 15 min or less Trauma Sr. Resident Trauma Jr. Resident ED Staff</p>	
LEVEL B – PARTIAL TEAM RESPONSE: Within 5 Minutes		
<p><u>Vital Signs & Anatomic Injuries</u></p> <ol style="list-style-type: none"> 1. Respiratory Rate < 10 or > 29 per minute 2. Glasgow Coma Scale = 13 or less 3. GSW Face or Head 4. Suspected Pelvic Fracture 5. Clinically significant multi-system injury patients such as: <ul style="list-style-type: none"> • Open or depressed skull fracture • 2 Proximal Long Bone Fracture • Flail Chest 6. Injured patients 65 years of age or older with multiple injuries 	<p><u>Mechanism of Injury</u></p> <ol style="list-style-type: none"> 1. Stab Wound to Torso 2. Falls > 20 vertical feet 3. Blunt trauma on anticoagulants w/ evidence of Head trauma and/or LOC 4. All Shotgun Wounds 5. High Speed Crash with: <ul style="list-style-type: none"> • Significant intrusion • Ejection (partial or complete) • Co-occupant death 6. Auto vs. Pedestrian/cyclist thrown, run over, or w/ significant (>20 mph) impact 7. Motorcycle crash >20 mph 8. High-energy dissipation or rapid decelerating incidents: <ul style="list-style-type: none"> • Ejection from motorcycle, ATV, animal • Blast or explosion 9. Burns >10% TBSA (2nd or 3rd degree) and/or inhalation injury, High-energy electrical injury 10. Suspicion of hypothermia, drowning, hanging <p><u>Other:</u></p> <ol style="list-style-type: none"> 6. Trauma transfers being accepted to, or likely to be admitted to the Adult Trauma Service who do not meet Level-A Trauma criteria (Please be sure and Notify Trauma Early) 7. Emergency Attending Physician’s Discretion to activate when criteria is not met based on patient needs. 	<p>TEAM MEMBERS</p> <p>ED Attending/Resident Trauma Sr. Resident Trauma Jr. Resident ED Staff</p>
LEVEL C – LIMITED RESPONSE: Up to 60 Minutes		
<p><u>Adult Guidelines</u></p> <ol style="list-style-type: none"> 1. Potential Admission to Trauma Service 2. Blunt abdominal injury with firm or distended abdomen, seatbelt sign to neck or mid-abdomen 3. Medically complicated patient with multisystem trauma 4. Age > 65 years-old with single system injury (can be amended by ED Attending after through Trauma assessment) 5. Pregnancy > 20 weeks 6. Emergency Attending Physician’s Discretion to activate when criteria is not met based on 	<p>TEAM MEMBERS</p> <p>ED Attending/Resident Trauma Jr. Resident ED Staff</p>	

*** All Trauma Team Activation Levels must be activated through Operator Services ***