


<b>Name of Policy:</b> <u>Trauma Alert System</u> <b>Policy Number:</b> 3364-100-50-26 <b>Department:</b> Hospital Administration Medical Staff <b>Approving Officer:</b> Chief Medical Officer Chief of Staff <b>Responsible Agent:</b> Vice President, Clinical Services <b>Scope:</b> The University of Toledo Medical Center and its medical staff	  <b>Effective Date:</b> 4/1/2019 Initial Effective Date: 4/12/1989
<input type="checkbox"/> New policy proposal <input type="checkbox"/> Minor/technical revision of existing policy <input checked="" type="checkbox"/> Major revision of existing policy <input type="checkbox"/> Reaffirmation of existing policy	

**(A) Policy Statement**

The Trauma Alert Team shall respond to all trauma alerts that are called in the Emergency Department.

**(B) Purpose of Policy**

The purpose of the Trauma Alert Team is to ensure the rapid institution of Advanced Trauma Life Support -ATLS® protocol for the resuscitation and treatment of patients who have incurred life-threatening or multi-system trauma.

The formation of a Trauma Alert Team shall provide all trauma patients and their families with optimal care by skilled trauma providers, thereby insuring patients the best clinical outcomes achievable.

**(C) Procedure**

**Definition of a "Trauma Alert"**

The term "Trauma Alert" will be used to summon a team of trained medical personnel to institute ATLS® protocol for the resuscitation and management of severely injured patients.

The University of Toledo Medical Center Level I Trauma Center uses The American College of Surgeons' Committee on Trauma ATLS® protocol for the resuscitation and management of trauma patients. UTMC has a 2 tier system and has different criteria for each which are listed below.

**Criteria for Level I Trauma Alert Activation**

1. Intubated patients transferred from scene or patients with unstable airway with respiratory compromise and in need of an emergent airway.
2. Traumatic injury with RR < 10 or > 40
3. Traumatic injury with HR < 50 or > 120
4. Traumatic injury with SBP < 90mmHg; age-specific hypotension in children
5. Glasgow coma scale ≤ 9 with traumatic injury
6. IV fluids > 2 liters to maintain SBP > 100
7. Blood products initiated prior to arrival
8. Traumatic arrest/CPR
9. Traumatic amputation, near amputation or degloving injury (excluding digits), extremity with vascular compromise, or use of tourniquet prior to arrival
10. Penetrating injury to head, neck, back, chest, abdomen, and pelvis including groin
11. Needle decompression/thoracostomy
12. Two or more proximal long bone fractures or unstable pelvic fracture
13. Focal Paralysis
14. 2° & 3° Burns(thermal, chemical or electrical) > 20% BSA adults or > 10% BSA children

15. Emergency Physicians discretion

**Criteria for Level II Trauma Alert Activation**

1. LOC witnessed by medical personnel
2. Traumatic injury with GCS 10-14 (must be decreased from baseline)
3. Intubated patient transferred from outside hospital with known trauma
4. Pedestrian versus auto > 20 mph and or with injuries
5. MVC with ejection
6. Death of same car occupant
7. Falls > 15 feet
8. Motorcycle collision > 20 mph or separation of rider from bike
9. Prolonged extrication
10. High Speed MVC (greater than 60 mph )
11. Hypothermia (core < 94° F or 34° C)
12. Any of the following for patients  $\geq$  65 years old sustaining traumatic injury that do not meet Level I but have any of the following
  - a. Respiratory rate < 10 or > 29
  - b. SBP < 110mmHg
  - c. HR > 90 (not including a-fib, unless new)
  - d. Fall from standing on anticoagulation with change in mental status
  - e. Long bone fracture
  - f. Any pedestrian versus vehicle

**Trauma Consult Criteria**

1. Isolated/single system injury requiring admission to the hospital
2. ED physician may upgrade to higher alert based on pre hospital report or patients initial assessment
3. The trauma service should be notified of all trauma patients reporting back to the ED within 30 days of discharge

**Initiation of a Trauma Alert**

1. Activation of the "Trauma Alert" is the primary responsibility of the Emergency Department Physician or Nurse who receives the initial report from EMS or performs the initial exam of the injured patient.
2. If pre-hospital information regarding a patient's status indicates the need for a trauma team response but the patient is more than 25 minutes away, the Trauma Attending or his designee should be called to coordinate the activities of the Trauma Team.

In order to summon the Level I Trauma Alert Team or the Level II Trauma Alert Team, the hospital switchboard operator shall be called by dialing extension #77 and notified of the appropriate level of trauma alert.

The switchboard operator shall activate the trauma alert pagers carried by:

1. In-house Senior Trauma Surgery Resident
2. In-house Junior/Intern Trauma Surgery Resident
3. In-house Trauma Surgery Intern who then notifies the in-house medical students assigned to the trauma surgery service.
3. Trauma Nurse Coordinator
4. Designated Anesthesia personnel
5. Respiratory Therapy Supervisor
6. Administrative Coordinator
9. Attending Trauma Surgeon
10. Emergency Services Director

The switchboard will announce the appropriate level of Trauma Alert over the hospital PA system as follows:

For Level I Trauma Alerts:

“Attention all personnel, Level I Trauma Alert, please respond to the Emergency Department “ 3 times  
All Trauma pagers will also be activated with the following text page: 771

For Level II Trauma Alerts:

“Attention all personnel, Level II Trauma Alert, please respond to the Emergency Department “ 3 times  
All Trauma pagers will also be activated with the following text page: 772

Composition of the Level I Trauma Team in the Emergency Department

1. Trauma Attending: Required to be present for all Level I Trauma Alerts within 15 minutes of patient arrival.
2. The in-house trauma service is composed of:
  - a. A Senior Trauma Surgery Resident
  - b. A Junior/ Intern Trauma Surgery Resident
3. One Emergency Department Attending Physician
4. Designated Anesthesia personnel
5. Two Emergency Department Registered Nurses
6. One Radiology Technologist
7. One Respiratory Therapist
8. Beeper Nurse sent to ED, if available

Daytime (7AM – 6PM) Composition of the Level II Trauma Team in the Emergency Department

1. The in-house trauma service composed of:
  - a. Trauma Attending on call within 15 minutes of patient arrival unless Senior Resident present
  - b. Junior/Intern Trauma Surgery
2. One Emergency Department Attending Physician
3. Two Emergency Department Registered Nurses or One ED RN and One ED Paramedic as needed
4. One Radiology Technologist
5. Beeper Nurse if available

Night-time Composition of the Level II Trauma Team in the Emergency Department

1. The in-house trauma service composed of:
  - a. A Senior Trauma Surgery Resident
  - b. A Junior/Intern Trauma Surgery Resident
2. One Emergency Department Attending Physician
3. Two Emergency Department Registered Nurses or One ED RN and One ED Paramedic as needed
4. One Radiology Technologist

Trauma attending will see patient immediately if requested after initial evaluation by senior resident. All patients are seen by the Trauma Rounding doctor the next day.

Trauma Consults will follow the hospital standards for consultation.

**Duties and Responsibilities of the Trauma Service**

The Emergency Department Attending Physician has overall responsibility of the trauma patient from the time of admission to the emergency department until the overall care of the trauma patient is transferred to the care of another physician and/or service.

The trauma attending shall serve as the leader of the trauma alert team and direct the management of all trauma patients.

