


<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> Trauma Director <b>Scope:</b> The University of Toledo Medical Center and its medical staff	 <b>Effective Date:</b> 05/02/2022 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 III Trauma Center (Level II provisional status) 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. GCS ≤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 above the knee or elbow
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. Mass casualty, more than 3 patients expected simultaneously (< 15 minutes of each other)
16. Emergency Physicians discretion

### **Criteria for Level II Trauma Alert Activation**

1. LOC greater than 5 minutes witnessed by medical personnel
2. Traumatic injury with GCS 10- 13 (must be decreased from baseline)
3. Intubated patient transferred from an outside hospital with known trauma without hemodynamic instability
4. Auto versus pedestrian/bicyclist thrown/run over/ or with significant impact > 20 mph
5. MVC with ejection, prolonged extrication, death at the scene or severe damage to the vehicle
6. Falls > 12 feet
7. Motorcycle collision > 20 mph or separation of rider from bike
8. High Speed MVC (greater than 60 mph)
9. High intensity assault (i.e.: patient unconscious during assault-unable to protect, use of bars, bats....)
10. Hypothermia (core < 94° F or 34° C)

**Criteria for Level II Trauma Alert Activation** but have any of the following for patients > 65 years old sustaining traumatic injury that does not meet Level I or Level II criteria but have any of the following:

- a. Respiratory rate <10 or >29
- b. SBP <110 mmHg
- c. HR >90 (not including a-fib, unless new)
- d. Fall from standing on anticoagulation with change in mental status
- e. Fall < 12 feet (except from standing) on anticoagulation
- f. Long bone fracture
- g. Any pedestrian versus any vehicle

### **Trauma Consult Criteria**

1. Isolated/single system injury requiring admission to the hospital
2. Any fall in patient taking anticoagulant requiring admission to hospital
3. Patient > 65 years-old with traumatic mechanism being admitted to hospital
4. ED physician may upgrade to higher alert based on pre-hospital report or patients initial assessment
5. 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. Trauma Nurse Coordinator
2. Designated Anesthesia personnel
3. Respiratory Therapy Supervisor
4. Administrative Coordinator
5. Attending Trauma Surgeon
6. 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. One Emergency Department Attending Physician.
3. Designated Anesthesia personnel
4. Two Emergency Department Registered nurses
5. One Radiology Technologist
6. One Respiratory Therapist
7. Beeper Nurse sent to ED, if available

All patients are seen by the Trauma Rounding doctor the next day.

Trauma Consults will follow the hospital standards for consultation.

Composition of the Level II Trauma Team in the Emergency Department

1. One Emergency Department Attending Physician
2. Two Emergency Department Registered Nurses or One ED RN and One ED Paramedic as needed
3. One Radiology Technologist
4. Beeper Nurse if available
5. Trauma attending has 12 hours to see the patient. Decision to admit or discharge the patient falls to the ER physician. If admission needed, call trauma team for orders.

**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 when present.

The trauma service is responsible for contacting appropriate subspecialists according to criteria supplied to the trauma leader by the subspecialists who so wish to indicate criteria.

The Trauma Service may be "consulted" to evaluate an injured patient who does not require a Trauma Team "Alert."

If a trauma alert patient presents to the Emergency Department with an obvious single system injury but has significant potential for occult injury due to the mechanism of injury, the patient should be admitted to the Trauma Service for observation. After the initial 24 to 48 hours, and the occult injury has been ruled out, then a transfer of the patient to the appropriate service should be done expeditiously.

**Trauma Alert: Mechanism for Handling Multiple Traumas**

The Trauma Team Leader will notify the Attending Trauma Surgeon on-call if the number of trauma patients exceeds the ability of the Trauma Team to manage the patients effectively. The Trauma Surgeon is then responsible for:

1. Prioritizing the treatment and diagnostic procedures necessary for each patient.
2. Contacting the Administrative Coordinator or designee to initiate the notification of additional staff to be called in to assist with the increased number of patients.
3. Contacting additional Attendings to assist with the care of patients.
4. Transferring less critical patients from the ICU to the Intermediate Care Unit to make the appropriate beds available to the most critically injured patients.

The post-operative trauma patient will be cared for in the Post-Anesthesia Recovery Unit by the Post Anesthesia Recovery Personnel until an Intensive Care Trauma Unit bed is available.

Additional staff may be called in to handle the increase in patients as outlined by the Disaster Code Policy.

<p><b>Approved by:</b></p> <p><u>/s/</u> _____ <u>05/02/2022</u>        Michael Ellis, MD        Chief Medical Officer, UTMC        Date</p> <p><u>/s/</u> _____ <u>05/02/2022</u>        Andrew Casabianca, MD        Chief of Staff        Date</p> <p><i>Review/Revision Completed By:</i>        HAS        Chairman Trauma Committee, Chief Medical Officer;        Chief of Staff</p>	<p><b>Review/Revision Date:</b></p> <p>5/9/90                      5/26/2010        11/13/91                    9/1/2011        5/13/92                    9/1/2014        12/9/92                    9/1/2015        9/11/96                    4/1/2019        7/14/99                    8/7/2019        6/14/2000                   5/2/2022        1/14/2004        3/15/2007        8/8/07        5/28/2008        6/24/2009</p> <p><b>Next Review Date:</b> 5/2025</p>
<p><b>Policies Superseded by This Policy: 7-50-26</b></p>	