

Trauma Service Guidelines

Title:	Trauma Team Activation (Call and Alert)
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TRAUMA CALL

Vital Signs	<ul style="list-style-type: none"> ▪ Blood Pressure < 90 mmHg ▪ Heart Rate <60 or >120 ▪ O₂ Saturation < 90% ▪ Respiratory Rate <10 or > 30 ▪ GCS ≤ 9
Penetrating	<ul style="list-style-type: none"> ▪ All penetrating injuries to the neck
Limb Threatening Injury	<ul style="list-style-type: none"> ▪ Ischaemic or exsanguinating mangled limb and/or requiring prehospital tourniquet use or amputated limb
Pregnancy	<ul style="list-style-type: none"> ▪ ≥20 weeks with ruptured membranes +/or PV bleeding +/or fetal HR <100
Multiple patients	<ul style="list-style-type: none"> ▪ ≥3 Trauma patients are expected

TRAUMA ALERT

Injuries	<ul style="list-style-type: none"> ▪ Burns ≥ 20% +/or Airway Burns (includes soot in the airway) ▪ GCS 10-13 ▪ High fall ≥3 metres (fall greater than 15 steps) ▪ Suspected spinal cord injury (abnormal neurologic exam) ▪ Fractured pelvis (suspected structural damage to pelvis) ▪ Mangled limb ▪ Major open fracture dislocation ▪ ≥ 2 long bone fractures
Blunt injuries	<ul style="list-style-type: none"> ▪ Severe blunt chest trauma ▪ Severe blunt abdominal trauma
Penetrating	<ul style="list-style-type: none"> ▪ Penetrating injuries to head &/or torso (other than superficial)
Pregnant	<ul style="list-style-type: none"> ▪ Any pregnant woman ≥ 20 weeks gestation sustaining trauma
Inter-hospital transfers	<ul style="list-style-type: none"> ▪ All potential major trauma transfers

Trauma Alert Definitions

Mangled Limb	<ul style="list-style-type: none"> ▪ Any extremity which has sustained an injury to a combination of vascular, bony, soft tissue and/or nerves
Blunt injuries	<ul style="list-style-type: none"> ▪ <u>Severe blunt chest trauma</u>: structural or suspected structural damage to the thorax, e.g. fractured ribs, fractured sternum, pneumothorax, and ruptured diaphragm ▪ <u>Severe blunt abdominal trauma</u>: Rigidity, guarding, rebound tenderness, distension or severe pain

<u>Attendance</u>	
<u>Trauma Call</u>	<u>Trauma Alert</u>
<p><u>IMMEDIATE attendance in Resuscitation Bay in ED</u></p> <ul style="list-style-type: none"> ▪ Emergency Consultant / Emergency Registrar ▪ Emergency Nurses ▪ Trauma EDA ▪ Trauma Registrar +/- Trauma Fellow ▪ Anaesthetic Registrar +/- Consultant ▪ Intensive Care Registrar +/- Consultant ▪ Emergency Department Assistant ▪ Emergency Department Radiographer ▪ Obstetrician should be contacted via RWH switchboard on 8345 2222 if pregnant trauma patient ≥ 20 weeks with ruptured membranes +/- PV bleeding +/- FHR <100bpm <p>Trauma Call Panel (Receives notification of Trauma Call):</p> <ul style="list-style-type: none"> ▪ ED Floor Co-ordinator ▪ Emergency Physician in Charge (EPIC)/ Emergency Registrar in Charge (ERIC) ▪ Trauma EDA ▪ Trauma Fellow on call ▪ Operating Room Floor Coordinator ▪ Orthopaedic Registrar/Fellow on call ▪ Neurosurgery Registrar/Fellow on call ▪ Cardiothoracic Registrar/ Fellow on call ▪ Plastic Surgery Registrar/ Fellow on call ▪ Emergency Department Radiographer ▪ Transfusion Laboratory <p>Trauma Surgeon (telephone call from switchboard)</p>	<p><u>IMMEDIATE attendance in Resuscitation Bay in ED</u></p> <ul style="list-style-type: none"> ▪ Emergency Consultant / Emergency Registrar ▪ Emergency Nurses ▪ Trauma Registrar +/- Trauma Fellow <p>Receives notification of Trauma Alert</p> <ul style="list-style-type: none"> ▪ All members of Trauma Call Panel
<p>ED Consultants are on site 08:00 – 01:00 hours. Between 01:00-08:00 ED is staffed by Registrars.</p> <p>An ED Consultant is on call for Trauma Calls and is phoned by the ERIC and will attend ED within 15 – 30 minutes.</p>	<p>Obstetrician will be contacted by ED if required</p>