Trauma Service Guidelines
Title: **Trauma Team Activation (Call and Alert)**
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RMH "TRAUMA CALL" GUIDELINES

TRAUMA CALL
*A **Trauma Call** will activate the entire trauma team*
If paging system down DIAL 444 State "Trauma Call"
NO TRIAGE ASSESSEMENT NECESSARY *DIRECT TO TRAUMA BAYS or RESUS CUBICLES*

VITAL SIGNS
Blood Pressure < 90 mmhg
Heart Rate <60 or >120
O_2 Saturation < 90%
Respiratory Rate <10 or > 30
GCS ≤ 9

PENETRATING
All penetrating injuries to the neck

MULTIPLE PATIENTS
3 or more trauma patients are expected

PREGNANCY & TRAUMA
≥20 weeks with ruptured membranes and /or PV bleeding and / or fetal HR <100

RMH "TRAUMA ALERT" GUIDELINES

TRAUMA ALERT

*A **Trauma Alert** will notify the Surgical Registrar*

If paging system down DIAL 444 State "Trauma Alert"

NO TRIAGE ASSESSEMENT NECESSARY *DIRECT TO TRAUMA BAYS or RESUS CUBICLES*

SPECIFIC INJURIES
Burns > 20% &/or Airway Burns
GCS 10-13
High fall > 3 metres
Suspected spinal cord injury
Fractured pelvis
Serious Crush Injuries
Limb amputation
Major open fracture dislocation
≥ 2 Long bones fractures

BLUNT INJURIES
Obvious severe blunt chest trauma
Obvious severe blunt abdominal trauma

PENETRATING
Penetrating injuries to head &/or torso

Interhospital transfers
Major trauma transferred to RMH

PREGNANCY & TRAUMA
Any pregnant woman ≥ 20 weeks gestation sustaining trauma

All members of the trauma call panel (with pagers) are notified of the trauma alert, but are not required to attend unless requested.

RMH "TRAUMA ALERT" GUIDELINES DEFINITIONS

SPECIFIC INJURIES
Burns> 20 and/or Airway "soot in airway" is sufficient evidence for burns to respiratory tact
GCS 10-13 Signs of open or closed head injuries, blood/ CSF leaks, skull fractures, GCS of 10-13
High Fall > 3 metres
Suspected Spinal Cord Injury Any spinal cord or suspected spinal cord injury
Fractured Pelvis Structural or suspected structural damage to pelvis, or pain ≥ 3 in the context of the case (i.e. the mechanism of force must be clear)
Serious Crush Injury Extensive skin loss, deep tissue damage
Limb Amputation Above the wrist or ankle
Major Compound or Open Dislocation Major compound fractures / open dislocations above ankle / above wrist
≥ Long bones Humerus, tibia, femur,
BLUNT INJURIES
Obvious severe blunt chest trauma • Structural or suspected structural damage to the thorax • e.g fractured ribs, fractured sternum, pneumothorax, and ruptured diaphragm (exclude isolated scapula) Pain ≥ 3
Obvious severe blunt abdominal trauma • Rigidity, guarding, rebound tenderness, distension or pain ≥ 3 • Blunt injuries that have revealed bleeding from internal sources e.g haematemesis, haematuria, haemoptysis
PENETRATING INJURIES
Penetrating injuries to head & /or torso Other than superficial (includes) impaling; patients with multiple superficial cuts /abrasions are excluded

TRAUMA CALL

Criteria	Attendance
VITAL SIGNS Blood Pressure < 90mmhg Heart Rate < 60 or ≥ 120 O_2 Saturation < 90% Respiratory Rate <10 or ≥ 30 GCS ≤ 9 **PENETRATING INJURIES** All penetrating injuries to the neck **MULTIPLE PATIENTS** When 3 or more trauma patients are expected **PREGNANCY & TRAUMA** ≥ 20 weeks gestation with ruptured membranes &/ or PV bleeding &/or fetal heart rate < 100 bpm	**IMMEDIATE attendance in Resuscitation Bay in ED** ▪ Emergency Consultant / Emergency Registrar ▪ Emergency Nurses ▪ Anaesthetic Registrar ▪ Intensive Care Registrar ▪ Surgical Registrar on call +/- Trauma Fellow ▪ Emergency Department Assistant ▪ Emergency Department Radiographer ▪ +/- Obstetrician if pregnant trauma patient with ruptured membranes, PV bleeding, FHR <100bpm ▪ Contacted via switch board **Receives notification of Trauma Call** ▪ General Surgeon on call ▪ (consultant is notified via switch) ▪ Emergency Department Clinical Coordinator ▪ Operating Room Floor Coordinator ▪ Orthopaedic Registrar/fellow oncall ▪ Neurosurgery Registrar/fellow oncall ▪ Cardiothoracic Registrar/ fellow oncall ▪ Haematology (Blood Bank) **Note:** ▪ ED Consultant cover is from 0800 – 0200 hours. Out of these hours the ED will be covered by a Registrar. ▪ The ED Consultant is on call and will respond to trauma calls within 15 – 30 minutes.

TRAUMA ALERT

Criteria	Attendance
SPECIFIC INJURIES Burns> 20% &/ or Airway Burns GCS 10-13 Fall > 3 metres Suspected Spinal Cord Injury Fractured Pelvis Serious Crush Injuries Limb Amputation Major open fracture dislocation ≥2 Long bone fractures **BLUNT INJURIES** Obvious severe blunt chest trauma Obvious severe blunt abdominal trauma **PENETRATING INJURIES** Penetrating injuries to head &/or torso **INTERHOSPITAL TRANSFERS** Major Trauma transferred to RMH **PREGNANCY & TRAUMA** Any pregnant woman ≥ 20 weeks gestation sustaining trauma	**IMMEDIATE attendance in Resuscitation Bay in ED** ▪ ED Consultant or Senior Registrar ▪ Emergency Nurses ▪ Surgical Registrar +/- Trauma Fellow ▪ Anaesthetic Registrar ▪ Emergency Department Assistant **Receives notification of Trauma Alert** ▪ All members of Trauma Call Panel ▪ (Anaesthetic Registrar and ICU Registrar may attend if available) ▪ Emergency Department Radiographer **Note:** Surgical Registrar is responsible for ensuring backup surgical cover if they cannot attend ED Obstetrician will be contacted by ED if deemed required