Admission of a Trauma Patient

Patients with traumatic injuries should be admitted to the trauma service. Those patients who present with isolated single system injuries may be admitted to a surgical service other than trauma. Non-accidental trauma is to be treated as any other trauma and admitted to a surgical service.

Multi-system injuries are those that affect more than one organ system.
- Near-drowning, hangings, smoke inhalation, electrocutions, and envenomations are included in the trauma registry. Patients with any of these diagnoses should be considered trauma patients until traumatic injury is excluded.

Isolated single system injuries may include:
- Isolated musculoskeletal injury unassociated with any other fracture or injury potential may be admitted to orthopedics.
- Closed head injury unassociated with any neurological impairment (i.e. non-displaced skull fracture, concussion) may be admitted to neurosurgery.
- Ophthalmologic injury with no other system involvement (i.e. lacerated globe) may be admitted to ophthalmology.
- Burns – 3rd degree less than 10% body surface and/or 2nd degree less than 20% body surface, may be admitted to plastics or trauma.

Trauma Service

The attending surgeon on-call for general surgery is also on-call for the trauma service. The attending surgeon must respond promptly to a Trauma Code and a Trauma Alert.

Trauma Consult: PLEASE DOCUMENT TIME THE PATIENT WAS SEEN

Patients who qualify for a trauma consult include:
- Physical abuse injuries that require admission
- Near drowings with suspicion of trauma
- Trauma transfer in for admission excluding isolated extremity fractures
- Extensive lacerations requiring surgery
- Blunt chest or abdominal trauma with tenderness or bruising
- Traumatic intravaginal bleeding without obvious source
- Smoke inhalation with suspicion of trauma
- Emergency physician’s discretion
Trauma Triage Criteria: two levels of trauma activations:

TRAUMA CODE AND TRAUMA ALERT

TRAUMA CODE

Pediatric patients with single or multi-system injuries and unstable vital signs. Appropriate patients are defined by the following categories:

Respiratory Distress as evidenced by:
1. Intubation prior to arrival*
2. Airway compromise*

OR

Shock
1. Transfer patients from other hospitals receiving blood to maintain vital signs*
2. Hemodynamic instability (confirmed age-specific hypotension)*

OR

Neurologic Injury
1. Glasgow Coma Score less than 8*
2. Deteriorating level of consciousness
3. Focal neurologic findings

OR

Specific Traumatic Injuries
1. Deep penetrating wounds to the head, neck, abdomen, chest (Gunshot or shotgun wounds, major impaling injuries)*
2. Amputation proximal to ankle/wrist.
3. Pelvic fracture with associated long bone fractures (femur)

OR

Emergency Physician’s Discretion*

*Indicates mandatory criteria for trauma activation as defined by the American College of Surgeons.

TRAUMA CODE RESPONSE TEAM – ALL TEAM MEMBERS INHOUSE
RESPOND IMMEDIATELY. ATTENDING SURGEON ON CALL WILL RESPOND PROMPTLY.

Trauma Attending Surgeon  ED Attending Physician
Anesthesia in-house  Radiology Technologist
PICU RN  ED resident(s)
Respiratory Care Practitioners(2)  Surgical Resident
ED RNs (3)  Clinical Nursing Supervisor
ED tech or aide  Surgery APN/PA

OR, Blood Bank, orthopedic resident on-call, radiology attending on-call are all notified of the trauma code by digital page. They will respond only if ordered or consulted. The neurosurgeon on call can be reached by digital page.

PLEASE SIGN IN (LEGIBLE) AND DOCUMENT TIME OF ARRIVAL ON THE TRAUMA FLOW SHEET FOR ALL TRAUMA CODES AND ALERTS.
TRAUMA ALERT

The ED attending physician will oversee management until arrival of trauma attending surgeon.

Initiate trauma alert on these patients:

A. **Pediatric patients with multi-system injuries and stable vital signs:**
   - Glasgow Coma Scale 9-13 (diminished or changing mental status)
   - No focal neurologic findings
   - No respiratory distress
   - No hemodynamic instability

B. **Patients with stable vital signs and the following injuries:**
   - Partial or full-thickness burns greater than 20% TBSA, electrical or lightning injuries, inhalation injuries with threat of airway compromise
   - Long bone fractures two or more extremities
   - Minor penetrating injuries to the head, neck, torso or extremities proximal to elbow or knee
   - Pelvic fractures

Consider TRAUMA ALERT based on MECHANISM OF INJURY and stable vital signs. Those mechanisms may include:

1. Ejection from vehicle
2. Death in same passenger compartment
3. Intrusion into the vehicle passenger space
4. Falls greater than 12 feet
5. Unrestrained passenger with rollover
6. Struck or dragged by a vehicle greater than 20mph
7. Starr pattern front windshield
8. Closed space fire
9. Run over by wheels of vehicle

**TRAUMA ALERT RESPONSE TEAM - ALL TEAM MEMBERS INHOUSE respond immediately. Attending surgeon on call will respond promptly.**

<table>
<thead>
<tr>
<th>ED Attending Physician</th>
<th>ED nurses</th>
</tr>
</thead>
<tbody>
<tr>
<td>ED resident(s)</td>
<td>Radiology Technologist</td>
</tr>
<tr>
<td>Respiratory Care Practitioner</td>
<td>Clinical Nursing Supervisor</td>
</tr>
<tr>
<td>Surgical Resident /APN/PA</td>
<td>ED tech or aide</td>
</tr>
</tbody>
</table>

PLEASE SIGN IN (LEGIBLE) AND DOCUMENT TIME OF ARRIVAL ON THE TRAUMA FLOW SHEET FOR ALL TRAUMA CODES AND ALERTS.
TRAUMA FOLLOW UP CLINIC

HELD THE 1ST AND 3RD THURSDAY MORNING
STARTING OCTOBER 6, 2005

FOR ALL APPROPRIATE PATIENTS BEING DISCHARGED FROM THE TRAUMA SERVICE WHO NEED FOLLOW UP CARE. WHEN DISCHARGING FROM THE HOSPITAL, PLEASE INDICATE ON THE DISCHARGE ORDERS TO FOLLOW UP IN TRAUMA CLINIC. THE FAMILY SHOULD RECEIVE A CALL FROM CENTRAL SCHEDULING TO SET UP THE APPOINTMENT.

Numbers to Know

Trauma Program Medical Director – Stephen Murphy, M.D. x5999 pager 426-4904
Trauma Program Manager - Diane Hochstuhl, FNP x4838 pager 426-2136
Trauma Analyst/Program Assistant – John Adams x5602 pager 247-4045

Trauma Room 11 – 651-4586 Surgeons can call into this room for immediate access to the ED attending and surgical resident/APN/PA

Child Passenger Safety Seat Station – call for appointment 651-5437

Communication Center / Transport Team
1-800-962-0023

All requests from outside hospitals for trauma transports/transfers must be cleared thru trauma surgeon on call.