

**PEDIATRIC TRAUMA ACTIVATION CRITERIA**



**Level I Trauma Criteria**

**Airway**

- Intubated/assisted ventilation from the scene or transferred from another facility

**Breathing**

- Respiratory arrest
- Respiratory distress

Age	Respiratory Rate
0-5 mos.	< 20
6 mos.-12 yrs.	< 16
13 yr-14 yr	< 12

**Circulation**

- Clinical signs of shock
- Patients who are receiving blood

Age	SBP	Pulse
0-5 mos.	< 60	
6 mos.-5 yr	< 70	<70
6 yr-14 yr	< 80	< 60

**Neurological**

- GCS <= 12 or deteriorating by 2

**Anatomic Diagnosis**

- Penetrating injury to head, neck, torso, groin, extremities proximal to elbow/knee
- Flail chest
- Crush Injuries
- Open or depressed >1cm skull fracture
- Complete/partial amputation or de-gloving above the wrist or above the ankle

**Burns**

- Who meet Level I trauma criteria
- Inhalation injury without secured (endotracheal) airway

**May upgrade any level per ED Physician Discretion**

**Level II Trauma Criteria**

**Trauma patients with any of the following and who do not meet Level I:**

- Suspected spine or spinal cord injury
- Bilateral femur fractures
- Pelvis fracture
- Severe maxillofacial injury
- Pedestrian struck at 20 mph or greater

**Burns**

- Inhalation injury with secured (endotracheal) airway
- >20% TBSA

**May upgrade any level per ED Physician Discretion**

**Trauma Consult**

**Trauma patients with any of the following and who do not meet Level I or Level II should be strongly considered for a Trauma Consult:**

- Falls over 10 feet
- Passenger ejected from a motorized vehicle
- Death or severe injury of same car occupant
- Prolonged extrication >20min
- Passenger compartment invaded >12 inches
- Transfer from another hospital with a known intracranial hemorrhage

**May upgrade any level per ED Physician Discretion**

## PEDIATRIC TRAUMA ACTIVATION GUIDELINES



The Trauma System is the comprehensive trauma team and resources necessary to care for our trauma patients. This comprehensive team includes but is not limited to: Emergency Department, EMS, trauma surgery, radiology, Adult/Pediatric OR, PICU, inpatient floors and acute rehabilitation. In order for the Trauma System to function optimally, early activation of the system is necessary. Trauma codes will be activated according to the trauma code criteria by the Emergency Department Attending or ED RN in accordance with this protocol. The trauma activation or consult will be documented in Electronic Medical Record (EMR) by ED Registration. The trauma level activated cannot be downgraded once activated. It can be upgraded based on discretion.

### GUIDELINES:

1. ED attending physicians or ED RN's may activate a trauma code according to the criteria.
2. Trauma patients enter our system by one of three ways and notification will therefore follow one of three tracks: EMS from field, transfer from outside facility or by walk-in.

#### EMS from field:

- If patient is coming via EMS from the field, when radio report is received and it is known that patient meets trauma code activation criteria, the ED attending or RN will activate via tablet electronic activation system or activation form.

#### Transfer from outside facility:

- If patient is coming via transfer from an outside facility, the RN receiving "nurse to nurse" report, ideally at time of patient departure, will determine if patient meets trauma code activation criteria. If the patient does meet criteria, the RN will fill out activation form and notify Patient Service Clerk to activate a "trauma standby" and hand them the form. At time of EMS notification, ideally 15 minutes out from Upstate, a second notification of the trauma activation will be sent out as a "trauma stat" alert.

#### Walk-In:

- If a patient arrives via walk-in, the registration staff will "triple page" the triage RN to waiting area. EM or RN will verbally tell registration clerk to activate trauma code, no form will be used. Pt escorted to trauma bay.
- For all cases where form is used, after Clinical Leader reviews, the form will be returned to registration clerk for filing.

3. Electronic Activation Process:

- The primary mode of activating the trauma system will be done directly via an electronic tablet using the electronic activation system

4. Nursing Station Clerk activation process: If the activation form process must be used, the Nursing Station Clerk will activate the Trauma Team Pre-notification process by entering the following information on the communication website. Website location:

Go to.spok.com

Click on "SEND MESSAGE"

Enter the following information:

- i. Designation of Pediatric Trauma Patients: those patients transported to the trauma center who are 14 years old or less; Pediatric Number (467-2655).
- ii. Designation of Adult Trauma patients: Ages 15 and above - Adult Number (467-4929).
- iii. The categorization (1 or 2)
  1. Trauma One: 111-1111
  2. Trauma Two: 222-2222
- iv. The age and gender of the patient
- v. The mechanism and type of injury if available.
- vi. The estimated time of arrival.

Nursing Station Clerk will verify that the Trauma Team received the information on the Emergency Department's Unit Trauma pager and document the trauma consult in EMR.

Trauma Pager:

If the Trauma Code information was not delivered on the Emergency Department's Unit Trauma pager, the Nursing Station Clerk will:

- call the Hospital Operator using the code phone number (#4-4444)
- instruct them to activate the Trauma Code Team with the Wordtrek and type in the ABOVE INFORMATION
- Verify that the Trauma Team received the information on the Emergency Department's Unit Trauma pager.

If there is a known pager outage issue, the person discovering this will:

- Notify the administrative supervisor
- Administrative Supervisor will:
  - a. Notify Residency Coordinator at 464-7261 OR
  - b. If unable to reach Residency Coordinator during directly or during "off" hours, contact SPOK Directly at 1-888-957-7243
  - c. Contact ED Clinical Leader to ensure that Patient Service Clerk will page team individually based on AMION using sections 5 and 6 to reference
- When the paging system is functional again, Administrative Supervisor will notify ED Clinical Leader to resume normal procedure

Determination of Category Response Times:

<u>Level I Response Times:</u>	<u>Level II Response Times:</u>	<u>Trauma Consult</u>
Team-Immediate	Team-Immediate	Admit to Trauma Service OR
Trauma Attending-15 minutes	Trauma Attending: Within 8 hours	Trauma as Consult Service

5. The following personnel will respond:

Level I Trauma	Level II Trauma	Trauma Consult
<p><b><u>TRAUMA TEAM</u></b></p> <ul style="list-style-type: none"> <li>• Chief trauma resident (PGY 3, 4 or 5) and a Pediatric Trauma Attending</li> <li>• Trauma Resident (PGY 1/2)</li> <li>• Emergency medicine attending</li> <li>• Emergency medicine Resident</li> <li>• ED Scribe RN</li> <li>• 2 ED Trauma RNs</li> <li>• Radiology Technologist</li> <li>• Respiratory therapist</li> <li>• Chaplain</li> <li>• Social worker</li> <li>• Administrative Supervisor</li> <li>• Child Life Specialist (if available)</li> </ul>	<ul style="list-style-type: none"> <li>• Chief trauma resident (PGY 4 or 5) or Trauma attending.</li> <li>• Trauma Resident (PGY 3) and Pediatric Trauma Attending</li> <li style="text-align: center;"><b>PLUS</b></li> <li>• Trauma Resident (PGY1 or 2)</li> <li>• Emergency medicine attending.</li> <li>• ED Scribe RN</li> <li>• ED Trauma RN</li> <li>• ED HCT, LPN or an additional ED trauma RN</li> <li>• Radiology Technologist</li> <li>• Respiratory therapists</li> <li>• Chaplain or Social worker</li> <li>• Child Life Specialist (if available)</li> </ul>	<ul style="list-style-type: none"> <li>• Trauma Resident</li> </ul>

6. Additional members/consults will respond within 30 minutes when called:

- a. Neurosurgery
- b. Orthopedic Surgeon
- c. Burn (for Burn Activation)

7. Identify role assignments

8. Set up Trauma Room to accommodate treatment of Mechanism of Injury

9. Don Protective Personal Equipment

**REFERENCES**

American College of Surgeons (2014). Resources for Optimal Care of the Injured Patient