

## Trauma Team Activation Criteria & Trauma Consults: ARH / RCH

### Trauma Team Activation Criteria:

Trauma Team Activation will be initiated prior to or upon trauma patient arrival in ED by the Patient Care Coordinator (PCC) whenever there is evidence of any of the following:

- Confirmed shock, defined as BP < 90
- Intubated patient or patient with respiratory compromise / airway obstruction
- GCS  $\leq$  8
- Penetrating trauma to the head, neck or torso
- Limb amputation proximal to the wrist or ankle
- Major Pediatric Trauma
- Major Pregnancy Trauma  $\geq$  20 weeks gestation
- Evidence of spinal cord injury
- 2 or more proximal long bone fractures

### Trauma Consults:

The Trauma Service should be consulted to ASSESS a patient meeting ANY of the criteria below. Consults will be done within 12 hours, if an expedited consult is required, please indicate this to the TTL.

### Indications for a Trauma Consult:

- Admission to hospital after a significant mechanism (i.e. falls over 3 feet in height, major deceleration injuries, pedestrian struck, and explosions, etc.)
- Traumatic head injury requiring admission
- Traumatic spinal injury requiring admission
- Orthopaedic fractures requiring admission that are caused by a significant mechanism (i.e. not falls from standing, like a fractured hip, not isolated sports injuries like a fractured wrist or femur)
- Patients with multiple rib # requiring admission, especially if there is a hemothorax or pneumothorax
- Patients with fracture mandible requiring admission
- Patients with suspected or known intra-abdominal injury from trauma. (i.e. hemoperitoneum, solid organ injury, bladder injury etc.)
- Hangings
- Drownings
- Burns >20% surface area or significant electrical burns
- All penetrating extremity trauma with possible vascular or neurologic injury

Trauma activations or consults are not solely based on mechanism or autolaunch.