POLICY:
To offer maximum resources for the initial evaluation and stabilization of the traumatized patient. In addition, to continuously affirm a maximum commitment to the care of traumatized patients through the response of specially educated and technically skilled practitioners, who play a vital role in decreasing the morbidity and mortality of traumatized patients.

PROCEDURE:
Trauma at LMH functions within a tri-level system of patient identification and team response.

A. Type I Activation

1. Activation guidelines:
   a. Trauma Code Blue
   b. Confirmed SBP <90 mm Hg at any time and age-specific hypotension in children
   c. Respiratory compromise/obstruction/intubation
   d. GCS (Glasgow Coma Scale) <9 with mechanism attributed to trauma
   e. Evidence of spinal cord/central nervous system traumatic injury
   f. Penetrating injury to the head, abdomen, chest, or neck
   g. Thermal injury to total body surface area ≥30% or evidence of inhalation injury, or 15 % pediatric total surface area burn
   h. Traumatic amputation proximal to the elbow or knee
   i. Transfer patients with unstable vital signs at the time of transfer or en-route, including those requiring fluid and blood infusion
   j. Ejection
   k. Fall >20 feet: Pediatrics: 10 feet or double their height
   l. Death of Occupant same vehicle
   m. Electrocution
   n. Emergency provider discretion

2. The following Personnel/Department will be activated for a type I Activation:
   a. Advanced Trauma Life Support (ATLS)-certified ED provider (Team Leader) – present within 15 minutes of patient’s arrival
   b. ED Trauma Control Nurse (TCN)
   c. Appropriate consult on call (when requested by ED provider)
   d. Emergency Room Nurse
   e. 3 West Nurse/Emergency Room Nurse
f. Nursing supervisor
g. Phlebotomist
h. Respiratory therapy (1)
i. Radiology technologist
j. CT technologist
k. Security
l. Chaplain (as needed)
m. Pharmacist
n. Obstetrical, Pediatric or Surgery nurse as needed

B. Type II Activation
   1. Activation guidelines:
      a. Vital signs stable and normal with history of hypotension
      b. GCS of 9-14
      c. 2 or more obvious long bone fractures
      d. Neurovascular compromise of limb
      e. Penetrating wound to proximal extremity with hemodynamic stability
      f. Crush injury to torso with hemodynamic stability
      g. Thermal injury to total body surface area 10-30% without evidence of inhalation injury
      h. Suspicion for potential injury based on age (less than 5 years or greater than 55 years) and/or mechanism of injury
      i. History of trauma in a patient with significant medical co-morbidities (cardiac disease, respiratory disease, insulin-dependent diabetes, cirrhosis, pregnancy, immunosuppression, coagulopathy or a history of taking anticoagulants)
      j. Emergency provider discretion.

2. The following Personnel/department will be activated for a type II trauma:
   a. ATLS-certified ED provider (Team Leader) – present within 15 minutes of patient’s arrival
   b. ER Trauma Control Nurse (TCN)
   c. Appropriate consult on call (when requested by ED provider)
   d. Emergency Room Nurse
   e. 3 West Nurse/ Emergency Room Nurse
   f. Nursing supervisor
g. Phlebotomist
h. Respiratory therapy
i. Radiology technologist
j. CT technologist
k. Security
l. Chaplain (at the discretion of ED provider or TCN)
m. Pharmacist (at the discretion of ED provider or TCN)

C. Trauma Consults
1. A trauma consult may be initiated on any patient with trauma-related injury being admitted to LMH. The accepting physician will determine if the patient needs to be seen in ED as a Type I or Type II trauma activation or if a trauma consult is required on their arrival to LMH.
   - The admitting physician will write an order to consult the appropriate physician AND contact that physician, if not already involved.
   - The appropriate physician will follow requests as noted on the consult
   - Before a patient with traumatic injuries is accepted in a transfer, the appropriate physician on call MUST be notified.

D. A Trauma Activation may be activated by the appropriate physician, TCN, ED Physician or other ED staff as designated. Upon determination that a patient meets the Trauma Activation criteria, any of the designees will contact the TCN on duty to initiate the activation.

E. The Unit Secretary, upon notification by the TCN, emergency medical services or designee will activate the trauma activation by dialing 6400, “Trauma Activation: Type I or II”

F. Trauma activation may be canceled at the direction of the appropriate physician or ED physician after the patient’s arrival

**Original Date:** Trauma Medical Director 8/13, Trauma Committee 3/14, Standards Committee 3/14, Practice Council 4/14, COO 7/14, Director of Emergency Services, 7/14