

UTMB Health System ED/TRAUMA POLICY AND PROCEDURE
Policy 09.13.45

Section: Clinical Policies	Responsible Vice President: Executive Vice President and CEO UTMB Health System
Subject: General Clinical Procedures and Care	Responsible Entity: Trauma Services

I. Title

Trauma Activation Criteria

II. Policy

The development of Trauma Activation Criteria is vital in the identification of individuals who are at risk following injury. The criteria are a tiered system based on mechanism of injury, anatomic or physiologic changes. Co-morbid factors such as age, use of anti-coagulants, renal failure, and/or the presence of significant medical problems should also be a consideration when activating the trauma team. The decision to activate the trauma team is often based on report provided by pre-hospital providers or presenting symptoms when the patient arrives by personal vehicle.

TRAUMA STAT: This is the highest level of activation and requires rapid response by the trauma team. This level of activation is for the most severely injured patient or patient with major changes in the primary assessment. Team response time is clearly defined and addressed in the *Trauma Team Roles and Responsibility* policy. A patient presenting with one or more of the factors listed below will be paged as a Trauma **STAT**.

TRAUMA STAT CRITERIA

Confirmed Systolic BP <90 at any time in adults, and age-specific hypotension in children	GSW or Stabbing to the neck, chest and/or abdomen (torso including neck, flank and groin)
GSW to the head	GCS <9 (with mechanism attributed to trauma)
Transfer patients from another hospital who require ongoing blood transfusion	Patients intubated in the field and directly transported to the trauma center.
Transfer patients from another hospital with ongoing respiratory compromise (excluding patients intubated at another facility who are now stable from a respiratory standpoint)	Patients who have respiratory compromise or need an emergency airway.
Arm or leg amputation above the wrist or ankle	Neurological symptoms secondary to possible spinal cord injury
Emergency Physician Discretion	EMS Provider Discretion

TRAUMA EVAL: This is the second level of trauma activation. Patients meeting criteria for this level typically meet criteria based on mechanism of injury, anatomic injury, physiologic changes or special

considerations and/or concurrent conditions. A patient presenting with one or more of the factors listed below will be paged as a Trauma **EVAL**.

TRAUMA EVAL CRITERIA		
MECHANISM OF INJURY		
Motorcycle crash (includes dirt bike) >20 mph	Auto-pedestrian >5mph	Fall ≥20 feet
Motorized vehicle crash that includes: Ejection from vehicle Death of occupant in the same passenger compartment Extrication >20 minutes Vehicle rollover Intrusion ≥ 12 inches	Watercraft injuries >5mph and impact with solid object	Significant crush injury
Snake Bites	Combination of Trauma and Burns	Pregnancy ≥ 23 weeks with abdominal pain and traumatic event
Emergency Physician Discretion	EMS Provider Discretion	
ANATOMIC INJURY		
Penetrating extremity injury above the wrist and ankle	Flail Chest	
≥ 2 long bone fractures (combination leg and arm fx)	Pelvic Fractures	
Open Depressed skull fracture		
PHYSIOLOGIC CHANGES FOLLOWING TRAUMA		
GCS ≤13 following trauma	Witnessed loss of consciousness secondary to injury	
CONCURRENT CONDITIONS		
All Trauma Transfers regardless of MOI accepted by the Trauma Service.		
SPECIAL AGE CONSIDERATIONS		
Pediatric age <15 all of the above PLUS	Geriatric age ≥65	
Pediatric falls >10 feet	GCS ≤ 13, LOC, or altered mental status with evidence of head trauma including ground level falls (abrasion, laceration, hematoma, etc.)	
Pediatric auto-bicycle injuries	SBP < 100 with traumatic mechanism	
Traumatic Mechanism with: SBP < 80 age 6-13 SBP <70 age 1-6 SBP <60 age birth to 1 year		

TRAUMA CONSULT: The final level of activation is a Trauma Consult. Based on the assessment by the Emergency Department physician a trauma consult can be requested on patients initially thought not to meet the activation above but are subsequently determined to do so, or who exhibit changes in their status. At this time, a general/trauma surgeon will be notified by the Emergency Department physician of the need for consultation. The surgeon will arrive to evaluate the patient within 60 minutes.

LIMITED TIER ACTIVATIONS: Faculty must be present in the ED within 60 minutes on patients not meeting major resuscitation but are identified with a ***solid organ injury or major pelvic fracture***.

III. **ACTIVATION PROCEDURE:**

Upon notification to the ED, the pre-hospital provider can request trauma activation based on their mechanism of injury, physical assessment, physiologic status and/or concurrent conditions. The decision to activate may also be made by the Emergency Department Physician or Emergency Room Nurse after receipt of report from the Pre-Hospital Provider or on the arrival of the patient and upon a change in the patient's condition. After receipt of the initial patient report, the trauma team is activated as a trauma STAT or trauma EVAL based on the criteria outlined above. The activation procedure varies between campuses and is outlined below.

Angleton Campus:

- A. The Trauma Team is activated utilizing the SmartWeb Amcom paging system.
- B. EMS notifies the Telemetry Tech and provides a patient report. By report, if the patient meets activation criteria, the Telemetry Tech will activate the trauma team through SmartWeb Amcom.
- C. Patients presenting to triage are evaluated by the triage RN who determines if the activation criteria are met. The ED Charge Nurse will be notified who will contact the hospital operator and request trauma activation via paging system.
- D. In the event the paging system fails, the hospital operator will utilize the overhead paging system and announce, 'Trauma Activation to <unit/room number>'. The overhead page will be repeated three times.
- E. All in-house team members will respond to the Emergency Department within ten (10) minutes of notification for STAT or EVAL activations.
- F. The Emergency Physician will notify the trauma surgeon when requesting a trauma consult.
- G. Of note, the Emergency Physician is the only person allowed to cancel the trauma team activation.

Clear Lake Campus:

- A. Once report is received and is determined to meet one or more of the activation criteria, the ED Charge Nurse will call the hospital operator at 15200 and provide the trauma level specific information to the operator.
 1. Announcement of the trauma team activation will occur via hospital overhead announcement and the AMCOM system for all Trauma STAT's. The operator will announce Trauma STAT ER. The operator will then send an alpha page via AMCOM with the same information Trauma STAT ER, room number and estimated time of patient arrival.
 2. The hospital operator will utilize AMCOM system to send an alpha page announcing trauma EVAL. The alpha page will identify the level of trauma activation, ED room number and estimated time of patient arrival.
- B. All in-house team members will respond to the Emergency Department within ten (10) minutes of notification for STAT or EVAL activations.
- C. The Emergency Physician will notify the trauma faculty or orthopaedic faculty by cell phone requesting their presence.
- D. Of note, the trauma faculty is the only person allowed to cancel trauma team activations.
- E. The trauma surgeon is expected to arrive to the ER within thirty (30) minutes of notification for all trauma STAT activations.
- F. The trauma faculty is expected to arrive to the ER within sixty (60) minutes for trauma EVALS with the diagnosis for patients with solid organ injury, unstable pelvic fracture, or requiring admission to the ICU. Times are monitored from the time of diagnosis.

- G. The trauma faculty is expected to arrive to the ER within sixty (60) minutes of notification for trauma team consults.
- H. The trauma department will monitor response times through the PI process.

Galveston Campus:

- A. The UTMB ED Dispatcher receiving report will activate the trauma team utilizing the alpha mate paging system by selecting the trauma group. An alpha message will be entered with the following information: level of activation, estimated time of arrival, age, mechanism of injury, pertinent vital signs, and critical symptoms.
- B. In the event the alpha mate paging system is unavailable, the ED Dispatcher will utilize the back-up system by paging the trauma group through the in-house paging system. Dial 177 and enter 8888 for Trauma EVAL or 8885 for Trauma STAT.
- C. All in-house team members will respond to the Emergency Department within fifteen (15) minutes of notification for STAT and twenty (20) minutes for Trauma EVAL.
- D. Of note, the Trauma Faculty is the only person allowed to cancel the trauma team activation.
- E. The trauma faculty is expected to arrive to the ER within fifteen (15) minutes of notification for trauma STAT activations.
- F. The trauma faculty is expected to be in the ER within sixty (60) minutes of notification for trauma EVALS with the diagnosis of solid organ injury, unstable pelvic fracture, or requiring admission to the ICU. Times are monitored from the time of diagnosis.
- G. The trauma faculty is expected to arrive promptly to the ER for trauma team consults.
- H. The trauma department will monitor response times through the PI process.

League City Campus:

- A. Once report is received and is determined to meet one or more of the activation criteria, the ED Charge Nurse will call the hospital operator at 24000 or 409-772-4000 and provide the trauma level specific information to the operator.
 - a. Charge Nurse or Triage Nurse will notify appropriate ED staff member to initiate overhead page of the trauma activation in the Emergency Department.
 - b. Patients presenting to triage are evaluated by the triage RN who determines if the activation criteria are met. The ED Charge Nurse will be notified who will contact the hospital operator and request trauma activation via paging system. Charge Nurse will notify appropriate ED staff member to initiate overhead page of the trauma activation in the Emergency Department.
 - c. Announcement of the trauma team activation will occur via hospital overhead announcement and the AMCOM system for all Trauma STAT's. The operator will announce Trauma STAT ER. The operator will then send an alpha page via AMCOM with the same information Trauma STAT ER, room number and estimated time of patient arrival.
 - d. The hospital operator will utilize AMCOM system to send an alpha page announcing trauma EVAL. The alpha page will identify the level of trauma activation, ED room number and estimated time of patient arrival.
- B. All in-house team members will respond to the Emergency Department within ten (10) minutes of notification for STAT or EVAL activations.
- C. The Emergency Physician will notify the trauma faculty or orthopaedic faculty via AMCOM requesting their presence if needed.
- D. Of note, the trauma faculty is the only person allowed to cancel trauma team activations.
- E. The trauma faculty is expected to arrive to the ER within thirty (30) minutes of notification for all trauma STAT activations.

- F. The trauma faculty is expected to arrive to the ER within sixty (60) minutes for trauma EVALS with the diagnosis for patients with solid organ injury, unstable pelvic fracture, or requiring admission to the ICU. Times are monitored from the time of diagnosis.
- G. The trauma faculty is expected to arrive to the ER within sixty (60) minutes of notification for trauma team consults.
- H. The trauma department will monitor response times through the PI process

IV. Definitions

Trauma Activation Criteria- A defined set of criteria used to determine if the trauma team is required to evaluate a patient presentation to the Emergency Department following an injury.

V. Relevant Federal and State Statutes

Center for Disease Control. Guidelines for Field Triage of Injured Patients. Recommendations of the National Expert Panel on Field Triage, 2011. <http://www.cdc.gov/mmwr/pdf/rr/rr6101.pdf>.

American College of Surgeons Resources for the Optimal Care of the Injured Patient, 2022 Standards. <https://www.facs.org/quality-programs/trauma/quality/verification-review-and-consultation-program/standards/>

Texas State Trauma Rules, Texas Administrative Code, Title 25, Chapter 157, Subchapter A, Rules §157.2. [https://texreg.sos.state.tx.us/public/readtac\\$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=25&pt=1&ch=157&rl=2](https://texreg.sos.state.tx.us/public/readtac$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=25&pt=1&ch=157&rl=2).

Texas EMS Trauma & Acute Care Foundation. Trauma Activation Guidelines. <https://sk75w2kudjd3fv2xs2evymrg-wpengine.netdna-ssl.com/wp-content/uploads/2016/03/trauma-activation-guidelines.pdf>.

VI. Dates Approved or Amended

<i>Originated:</i>	
<i>Reviewed with Changes</i>	<i>Reviewed without Changes</i>
1/2016	
09/2018	
03/28/2019	
04/28/2020	
06/14/2022	
02/24/2023	

VII. Contact Information

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