PURPOSE: To define the criteria for activation of the trauma team at VCU Medical Center.

POLICY: The trauma team is activated based on established criteria as per the Virginia Office of Emergency Medical Services trauma protocol, the American College of Surgeons (ACS) Resources for Optimal Care of the Injured Patient 2006 and the VCU Medical Center defined tiers of activation.

Team members respond appropriately for each tier level to perform immediate evaluation of the trauma patient and initiate resuscitation and stabilization as indicated.

I. Parameters
   A. Delta Trauma (Tier I) Trauma Alert:
      - Hemodynamic instability (SBP <90mmHg)
      - Heart Rate >120 bpm (with at least one other delta criteria)
      - Respiratory Rate <10 or ≥ 30 bpm
      - Respiratory compromise, airway obstruction or intubation
      - Glasgow Coma Score ≤ 8 with mechanism attributed to trauma
      - Severe facial trauma
      - Gunshot wounds to the head, neck, chest, abdomen, axilla or groin
      - Stab wounds to the head, neck, chest, abdomen or groin with hemodynamic instability OR evisceration of bowel contents
      - Flail chest/sucking chest wounds
      - Spinal Cord injury/Paralysis
      - Two or more proximal long-bone fractures
      - Major Burns (partial or full thickness burns greater than 20% total body surface area (TBSA))
         - High voltage electrical burns (60mA AC or 300-500 mA DC), including lightening injury
         - Chemical burns of large surface areas
      - Mangled extremities or amputations above the knee or elbow
- Pregnancy ≥ 24 weeks with significant MOI or hemodynamic instability
- Transfer of patients from outside hospitals who are receiving blood to maintain hemodynamic stability

B. **ECHO Trauma (Tier II) Alert:**
- Loss of consciousness with persistent altered mental status (GCS ≥10 – 14)
- Inhalation injury and *no* respiratory distress
- Stab wounds to the head, neck, chest, abdomen or groin who are *hemodynamically stable and no evisceration of bowel*
- Stab wounds or deep penetrating wounds to the extremities proximal to elbow or knee
- Burns
  - Circumferential burns to extremities
  - Burns in an enclosed space (e.g. house fire) (unless meets delta criteria)
  - Burns ≤20 TBSA
- Crush injuries with significant mechanism
- Pelvic fractures (hemodynamically stable)
- Distal extremity amputations (except digits)
- Falls > 20 feet
- Ejection from automobile
- High speed crash (> 40mph) and
  - Major deformity of vehicle (> 20 inches) OR
  - Rollover OR
  - Intrusion into passenger compartments >12 inches
- Auto-pedestrian/auto-cycle injury with significant impact (> 20 mph)
- Motorcycle crash > 20 mph or with separation of rider from bike
- Death in the same vehicle

C. **Special Considerations**
1. An *ECHO trauma team activations should be considered for all patients with significant co-morbidities including* (unless DELTA criteria are met)
   - Age > 55
   - Use of anticoagulants
   - *End stage renal disease requiring dialysis*
   - *Pregnancy ≥24 weeks with no significant injuries*

2. Elderly trauma patients (age ≥ 55), especially the “super elderly” (age ≥ 75) should have lower threshold for making these a DELTA alert due to increased risk for morbidity and mortality.
3. Burns involving the face, hands, feet, genitalia, perineum, or major joints must come to the Burn Center and should not be diverted.

II. **Notification Process**
A. Upon notification by prehospital providers and/or the identification that a patient meets Trauma Team Alert Criteria, the communications team or Emergency Department Physician will contact the hospital page operator.
(telecommunications) at extension number *50 and request a trauma team activation (DELTA or ECHO).

1. Incoming EMS/Air Medical personnel do not “level” their own patients. The Communications Center staff takes incoming patient information and assigns the patient the proper trauma activation level.
2. The Communications Center staff may ask for guidance from a VCU ED or Trauma Attending regarding appropriate “leveling” for a patient.

B. The trauma activation page will include the followed scripted information:
   1. Category of the Trauma Activation (Delta or Echo)
   2. Brief injury mechanism (e.g. GSW, rollover mvc, fall)
   3. Age and sex of patient (if known)
   4. ETA and mode of transport (ground or air)

C. The General/Trauma Surgeon on call, along with all other team members will receive a numeric page indicating a DELTA or ECHO TRAUMA ALERT.

Old Dominion Emergency Medical Services Alliance: 2012 Regional Prehospital Patient Care Protocols

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<thead>
<tr>
<th>Trauma PC Committee Approval Date: September 2013</th>
<th>Effective Date: 2002</th>
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<td>Trauma Medical Director:</td>
<td>Last Revision: 8/2013</td>
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<td>Trauma Program Director:</td>
<td>Annual Review: 8/2015</td>
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Broering/server documents/Trauma Policies/Activation Criteria