SPH CODE TRAUMA PROCESS

TRAUMA PATIENT arrives in ED
Triage Nurse, ED Physician or CNL consider activating Code Trauma

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CODE TRAUMA
As per Trauma Code Criteria

↓

ED UC calls Switchboard, 7111
Requests a CODE TRAUMA

↓

Switchboard Operator receives the request

↓

OVERHEAD P.A. announced
- TTL and on- call group contacted.
- Trauma Team Group page initiated

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ALL Trauma Team members called or paged should respond promptly with a call-back to Trauma Bay or go directly to Trauma Bay

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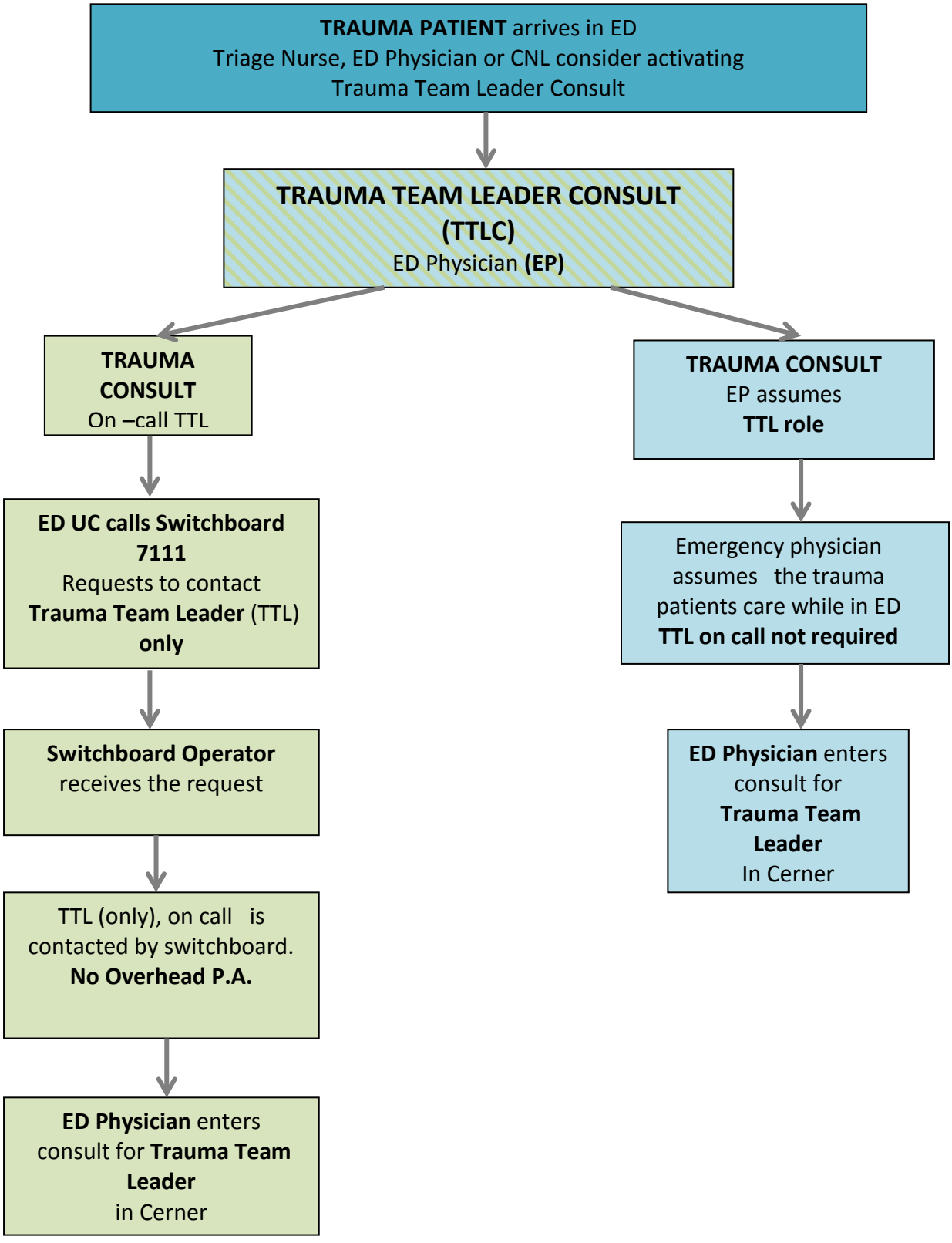
ED UC documents in Cerner
(Ad Hoc charting/ ED Trauma upgrade/
ED Trauma Activation " YES"

SWITCHBOARD will:

Call directly, on- call group:
- TTL
- Gen. Surg. Junior Res.
- General Surgery, Senior Res.
- General Surgery staff

Trauma Team Group page:
- RT
- OR CNL
- Radiology Resident
- X-Ray –CT tech
- Lab/Blood Bank
- ECG tech
- Anesthesiologist

SPH TRAUMA TEAM LEADER (TTL) CONSULT PROCESS



SPH CODE TRAUMA versus TRAUMA TEAM LEADER CONSULT CRITERIA

MAJOR MECHANISM present:

- Fall greater than 6 m (20 ft.)
- Significant assault
- Penetration injury
- MVC (driver or passenger):
  - greater than 65 km/hr
  - rollover or ejection
  - major auto deformity, more than 50 cm (20 in)
  - Intrusion greater than 30 cm (12 in)
  - Extrication time greater than 20 min
  - death in the vehicle
- Pedestrian struck:
  - impact greater than 10 km/hr
  - thrown more than 3 m (10 ft.) or run over
- Bicyclist struck:
  - impact over 10 km/hr
- Motorcyclist:
  - crash over 30 km/hr
  - separation from motorcycle
- Major Industrial accident

Other Considerations:

- Other significant co-morbidities

YES

WITH/OR SUSPECT ONE OR MORE OF THE FOLLOWING:

Physiological:

- RR less than 10 or more than 29
- SBP less than 90
- GCS 13 or less
- Temp less than 32 degrees
- Intubation or inadequate airway

Anatomical:

- Penetrating injuries to head, neck, torso, OR extremities (proximal to elbow/knee)
- Facial injury with potential air compromise
- Flail Chest
- Unstable pelvis
- Suspected spinal cord injury
- Open or depressed skull fracture
- Crushed/mangled/pulseless extremity/amputation (proximal to wrist/ankle)
- Multiple proximal long bone fractures
- Combination trauma + burn 20% or more BSA
- Multi system trauma

Other Considerations

- Trauma in pregnancy with major mechanism (any stage)
- Coagulation or bleeding disorder or on anticoagulants
- Arrival of 2 moderate trauma patients, simultaneously – extra MD required
- Deterioration of previously stable patient

YES

CODE TRAUMA – Call 7111

- PA system alert
- Switchboard calls:
  - TTL
  - Gen.Surg.
- Switchboard pages:
  - X-Ray/CT
  - Lab/Blood Bank
  - Resp, OR, ECG
  - Anesthesia
- UC Documents in Cerner (Ad Hoc charting – ED trauma upgrade – ED Trauma Activation

NO

- Code ECMO that is a Trauma injury or trauma mechanism of injury related
- In the presence of any moderate/minor trauma mechanism
- Significant blunt injury
- Suspected/unwitnessed fall with GCS 13 or less
- Patients 65 or older
- Patients with pre-existing medical condition (cardiac pathology, coagulation, renal function)
- Drugs/alcohol/behavioural disorder/mental illness, necessitates effortful primary & secondary survey
- Additional diagnostic tests required
- Deterioration of previously stable patient

YES

EP Determines

TRAUMA TEAM LEADER (CONSULT) Call 7111

(TTL Only)

- **NO** PA system Alert
- Switchboard calls **TTL ONLY**
- TTL will decide on additional member notification
- ED physician enters Consult in Cerner "ED Trauma Team Leader Consult"

TRAUMA TEAM LEADER CONSULT

(ED Physician takes TTL role)

- Switchboard **NOT** notified to call TTL
- **NO** PA system alert
- **ED Physician enters** consult in Cerner "ED Trauma Team Leader Consult"