

Updated 07/17, 11/19

6.18 TRAUMA ALERT GUIDELINES

Purpose: Trauma is a time sensitive pathology. It has been proven that reducing the time to definitive care for patient suffering from traumatic injuries reduces morbidity and mortality. The following protocol serves to provide criteria when to place a receiving facility on a “Trauma Alert.:

Scope: All EMS agencies authorized as such operating within the SHCBG catchment area.

Policy: Prehospital providers will notify CMED they have a “TRAUMA ALERT” patient as soon as possible, preferably from the scene, prior to transport. This early notification does not replace the need for a formal patch into the ED. Please note that the EMS trauma alert guidelines do not have “levels.” Once alerted, the receiving facility will determine the appropriate level of alert for the patient based on their pre-established guidelines. Under no circumstances shall hospital specific terminology be used to describe EMS trauma alert activations.

PLEASE PLACE THE TRAUMA ALERT AS SOON AS POSSIBLE, IDEALLY WHILE STILL ON SCENE.

Physiologic Criteria

SBP <90 mmHg in an adult or SBP < (70+2 X Age) in a child

GCS of 13 or less or a deviation from the patient’s baseline resulting from a traumatic injury or mechanism Respiratory distress or airway compromise (intubate if RR <10 or >29)

Anatomic Criteria

Penetrating injuries to the head, neck, torso, abdomen, and pelvis and extremities excluding the hands or feet

Chest wall instability including flail chest

Evidence of spinal cord injury with motor deficits (i.e. paralysis, paraplegia, quadriplegia, lateralizing signs) or sensory deficits (i.e. parasthesias, or sensory changes)

2nd or 3rd degree burns with > 5% TBSA or ANY airway involvement

Traumatic limb amputation excluding digits.

Multiple or open long bone fractures

Injuries to more than one organ system

Crushed, degloved, pulseless and/or mangled extremity

Open and/or depressed skull fracture

Pelvic fracture as evidenced by obvious deformity or pelvic instability

Mechanism Criteria

Significant vehicle deformity with ≥ 12 inches of intrusion into passenger compartment, steering wheel deformity, dash deformity, or ≥ 18 inches of intrusion to any part of the vehicle Trauma team requests no change here based on current trauma guidelines

Partial or complete ejection from vehicle

Unrestrained occupant in rollover

Prolonged extrication (greater than 20 minutes)

Death of same-vehicle occupant

Pedestrian or bicyclist run over, thrown, or hit by automobile traveling >20 mph

Hanging or drowning event

Fall from height greater than 20 feet for an adult or greater than 10 feet for a child

Falls with evidence of/or history of a head injury/strike while on anticoagulation including, but not limited to Coumadin(Warfarin), Pradaxa(Dabigatran), Eliquis(Apixaban), Xarelto(Rivaroxaban), Lovenox(Enoxaparin) or Savaysa(Edoxaben). Excludes anti-platelet drugs like aspirin, Plavix and Brilinta.

Other Considerations

Extremes of age < 5 , > 55

20 weeks gestation or greater

Provider discretion with high index of suspicion trauma alert warranted

Pt already receiving blood

Whenever possible, keep family members together.

Other Important EMS Considerations

Bridgeport Hospital is the designated destination for critically ill / injured children and/or adult and pediatric burn victims. Patient meeting the following criteria may be transported to St. Vincent's Medical Center: if the patient does not have a secure airway or is otherwise too unstable to be transported to Bridgeport Hospital.

Commented [ST1]: Insert "destination guidance" here

Upon arrival at ED:

Only those EMS personnel directly involved in patient care should be in the trauma room.

After observing the "EMS Time-Out, provider attending to the patient should give full verbal report to the ED physician and/or Trauma surgeon.

The provider should stay with the patient until cleared by the ED physician or trauma surgeon.

EMS crew members that are needed for another EMS response will be relieved immediately upon notification to the ED physician and/or Trauma Surgeon.

Please try to complete your run form before leaving. If this is not possible the run form must be completed as soon as possible.