

## **Administrative Guideline: Trauma Team Notification**

### **Objective:**

To insure appropriate personnel are notified and available to care for injured patients.

### **Definitions:**

**Code T:** Code T is the activation of the full trauma team; including attending surgeon, surgical residents, operating room, blood bank, respiratory therapy and radiology. Code T's are announced overhead by the Page Operator. The Trauma Surgeon should be at the bedside within 15 minutes of notification.

**Hurt Consult:** The HURT beeper (3861-4878) is carried by the surgical resident on call for consults.

### **Guidelines:**

1. There are 3 levels of trauma surgery notification for injured patients.
2. Notification and selection of level is based upon criteria listed below. Please note that these criteria also apply to inter-hospital transfers less than 24 hours post injury.
3. Request for Code T should occur prior to patient's arrival whenever possible. For patients arriving via helicopter, EMS will call. For patients arriving via EMS Ambulance, the triage nurse is to call. For patients arriving unannounced, the room 10 physician will call.
4. In circumstances with multiple patients, it is the responsibility of the Team Leader to identify the need for additional resources and ensure they are contacted.
5. The following will be sent out on the alphanumeric pager whenever possible
  - a. 7772490 Adult or 1112490 Ped.
  - b. Age and sex of patient.
  - c. Mechanism of injury (MVC, AP, Fall, GSW).
  - d. Reason for Code T (e.g., BP 80, HR 140, GCS 4).
  - e. Estimated time of arrival in minutes.

## Trauma Team Notification

### Stop at the First Finding for any Injury < 24 Hours Old

- Systolic blood pressure of 80 mmHg or less
- Respiratory rate less than 8/min or greater than 28/min.
- Glasgow Coma Score less than 9
- Penetrating injuries proximal to the knee or elbow
- Spinal cord injury or limb paralysis
- Amputation (except digits)



**Code T**

In the absence of any of the above, the Medic, ED attending or ED nurse, may use their clinical judgment to request a Code T.

- Vehicle vs. pedestrian or bicycle collision >15MPH\*
- Fall of more than 20 feet (>10 feet for child)\*
- Burns that involve 15% or more of the body surface
- Facial/airway burns
- Patient ejected from vehicle\*
- Motorcycle crash >20 MPH or with separation of rider from motorcycle\*
- Two or more proximal long bone fractures
- Flail chest
- Pelvic fracture
- Open or depressed skull fracture



**Hurt Consult**

\* **mechanism alone does not mandate HURT consultation**

- Vehicle rollover with restrained occupant
- Death of same passenger compartment
- Vehicle collision resulting in 12 inches of intrusion into the passenger compartment



**ED Assessment  
Possible Trauma  
Consult**

### **Additional Considerations:**

The following considerations may lower the threshold at which the Trauma Team should be activated. If the patient has one or more of the following, a move up one box in the notification scheme may be warranted.

- Age <5 or >55
- Cardiac disease and/or respiratory disease
- Insulin dependent diabetes, cirrhosis, or morbid obesity
- Pregnancy
- Immunosuppression
- Bleeding disorders or taking anticoagulant medication

A Code T should be called when a patient is found to have a traumatic intracranial hemorrhage requiring immediate neurosurgical intervention." Most of these patients will probably meet Code T criteria on arrival (GCS <9), but this will cover any patients that don't.