ST. LUKE’S-ROOSEVELT HOSPITAL CENTER  
POLICY & PROCEDURE MANUAL

POLICY NO.  Trauma 1.0                                                                 Page 1 of
POLICY TITLE: Trauma Alert & Trauma Code  
DISTRIBUTION:  Emergency Department Policy & Procedure Manual

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POLICY:

- SLRHC is committed to providing timely, state of the art trauma care to all patients that suffer from traumatic injury. The purpose of this policy is to define the response of the ED and Trauma Program when a patient with significant injury is expected or has arrived at one of the SLR EDs.
- St. Lukes is the Trauma Center and, whenever possible, patients with severe traumatic injuries should be treated at St Lukes. Pts presenting to the RH ED will be stabilized and transferred to SL if the injury is of such a nature that they need the services of the Trauma Center.

PROCEDURE:

- At the St Lukes site, the Communication or Charge Nurse/ANCC activates the Trauma system by calling a Trauma Alert or Trauma Code.
- At the Roosevelt site the Communications or Charge Nurse/ANCC activates a Trauma Code only
- The ED Attending must be notified when the Trauma System is activated.
- The Trauma Code or Alert is notification to the Trauma Team that a trauma patient is either in or on the way to the Emergency Department to be evaluated.
- The Business Associate in the ED will call 4444 and announce a Trauma Alert/Code.
- Trauma Codes will also be announced over the public address system.
- The telephone operator will page the Trauma Attending, Surgery Chief Resident, the PGY-4 and the PGY-1 on their beepers using code 0000. The alpha numeric beepers will indicate whether it is a Trauma Code or Trauma Alert. The Surgery team will proceed to the ED.
- Anesthesia; Radiology; Blood Bank; Respiratory Care and the TPM will be notified of all Trauma Codes via pager
**TRAUMA CODE:**
- Airway instability/obstruction including on site intubation
- Breathing: respiratory failure
- Circulation: Hypotension (systolic BP<90); signs of poor perfusion
- Glasgow Coma Scale< 8 with head trauma
- GSW of Neck ; chest or abdomen
- Transfers receiving blood transfusions to maintain vital signs
- Traumatic arrest in the field or on route
- ED MD’s discretion

**TRAUMA ALERT:**

**ANY TRAUMA PT WITH UNSTABLE VITAL SIGNS SHOULD BE A TRAUMA CODE!**

**PHYSIOLOGIC CRITERIA FOR TRAUMA ALERT**
- Flail chest or chest wall disruption
- 2 or more fractures and torso trauma
- 2 or more long bone fractures
- Suspected pelvic fx
- Amputations above wrist or ankle
- Head injury with GCS<13; paralysis; other significant symptoms; open/depressed skull fracture
- Evidence of Spinal cord injury
- Injury with vascular compromise

**MECHANISM OF INJURY FOR TRAUMA ALERT**
- Fall from >20 feet for adults; falls > 3x height of child
- Ejection from vehicle
- Death of occupant of same passenger compartment
- Penetrating trauma of head, neck, torso or extremities above elbow and knee
- MVC with intrusion >12 inches
- Rollover unrestrained passenger
- Motorcyclist who was separated from vehicle or >20mph
- Pedestrian or bicyclist struck by vehicle traveling >5mph
- Burns with multiple trauma
- Any GSW
Consider in less severe mechanisms of injury if the patient is

- On Anticoagulation Rx
- Pregnancy
- Geriatrics
- Infants and Children
- Comorbidities

ACTIVATION TRAUMA ALERT FOR PATIENTS NOT MEETING CRITERIA ON ARRIVAL

- Patient with blunt trauma necessitating a CT of abdomen or chest.
- Recognition or development of any of the criteria of a trauma alert
- CT findings of traumatic intracranial injury

PEDIATRIC VITAL SIGNS:
Patients less than 10 years of age should be assessed in accordance with the following table and considerations: blood pressure is an unreliable indicator of shock in children; tachycardia and signs of poor perfusion may be seen prior to BP changes.

<table>
<thead>
<tr>
<th>AGE</th>
<th>RESPIRATORY RATE/MIN</th>
<th>HEART RATE</th>
<th>SYSTOLIC BP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neonate</td>
<td>40 to 60</td>
<td>100 to 180</td>
<td>60 to 90</td>
</tr>
<tr>
<td>Infant</td>
<td>30 to 60</td>
<td>100 to 160</td>
<td>87 to 105</td>
</tr>
<tr>
<td>Toddler</td>
<td>24 to 40</td>
<td>80 to 110</td>
<td>95 to 105</td>
</tr>
<tr>
<td>Pre-schooler</td>
<td>22 to 34</td>
<td>70 to 110</td>
<td>82 to 110</td>
</tr>
<tr>
<td>School-age</td>
<td>18 to 32</td>
<td>65 to 110</td>
<td>97 to 112</td>
</tr>
</tbody>
</table>

RESPONSE TIME TO TRAUMA CODES:
The Trauma Center subscribes to the ACS and NYS Code regarding the length of time in which physicians should be present at the bedside when called to answer a Trauma Code

- The Attending Trauma Surgeon on call must be in the ED within 15 minutes of the Trauma Code being called.
- A board certified general surgeon is available to answer a Trauma Code 24hrs/day.
- There is a 5th year general surgery resident in the hospital on call 24 hours a day who will respond to Trauma Codes and Alerts.
• The other surgical specialists are available immediately and will be present within 30 minutes of pt notification or arrival.

APPROVED BY:

RESPONSIBLE FOR:

APPLICABILITY: