

Michigan Trauma Coalition Trauma Activation Criteria Disclaimer Statement

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See Pg. 2 for Sample Pediatric Trauma Activation Criteria # 2

PURPOSE:

To ensure timely and appropriate notification of the Trauma Team for the Pediatric patient.

GENERAL INFORMATION

Definition of the pediatric trauma patient is 12 years of age and under.

When a radio call is received for the pediatric trauma patient, the EC nurse will notify the Area A and Pediatric Emergency Center Physicians (ECP) of the call. If the patient meets Level I activation criteria, either the RN or the Physician will notify the Unit Clerk to initiate a pediatric trauma alert.

For a pediatric Level I or Level II activation, the Unit Clerk will call the CPR line (XXXXX) and inform them of the need to activate the appropriate activation level (Level I or Level II). The Operator will send out a "6666-peds" page for a Level I activation, and a "7777-peds" page for a Level II activation. If the information is available, age and mechanism of injury will be included in the alpha page. In the event of a Level 1 Activation, the Unit Clerk will also page the Pediatric Trauma Surgeon and the Pediatric Intensivist on call.

For Pediatric Trauma Consults, the Unit Clerk will notify the pediatric resident on call.

Level I Pediatric Trauma Activation Criteria

Patient may meet any of the following:

- Trauma Transfer with hemodynamic and/or neurologic compromise
- Trauma Transfer receiving blood products to maintain blood pressure
- Airway or Respiratory compromise as evidence by significant retractions/nasal flaring or absent/significantly diminished breath sounds
- Intubated patients or compromised airway with the potential for rapid intubation upon arrival to the EC
- Hemodynamic Compromise
 - Confirmed hypotension: Systolic blood pressure < 70 +(2x age in years)
 - Capillary refill > 2 seconds
 - Weak or absent peripheral pulses
 - Skin pale, mottled, or cyanotic
- Altered mental status GCS < 8 or deteriorating by 2 with mechanism attributed to trauma
- Penetrating injury to the head, neck and/or torso
- GSW to head, neck, chest, and/or abdomen
- Hanging with GCS <8
- Physician or nurse discretion

Activation: Immediate notification and response of the Trauma Team.

The Senior Trauma Resident, Trauma Attending, and Anesthesia on call must have a documented response within 15 minutes of the patient's arrival.

Level II Pediatric Trauma Team Activation Criteria

Patient may meet any of the following:

- Trauma Transfers with multi-system injuries and stable vital signs
- Exclusion: isolated orthopedic extremity injuries without neurovascular compromise
- Penetrating injury of the extremities, unless hemodynamically unstable
- Combination of burns for Total Body Surface Area > 20%, electrical or lightning injuries or full thickness circumferential burns
- Inhalation injury with threat of airway involvement
- Flail chest
- Paralysis or resolved paralysis (r/o SCIWORA)
- Focal Neurological abnormality resulting from trauma
- Two or more obvious long bone fractures
- Limb threatening injuries or absence of peripheral pulse distal to injury
- Open or suspected depressed skull fracture
- Altered mental status GCS 8-13
- Amputation, degloving or crush injury proximal to fingers or toes
- Hanging with GCS >8
- Ejection from the vehicle
- Death of occupant in same vehicle
- Falls >10 feet or 2-3 times the child's height (refer to Broslow tape if height unknown), or other significant falls (i.e. from trees, windows, shopping carts etc)
- Auto vs. pedestrian
- Auto vs. bicycle or motorized vehicles (scooters, ATV's etc)
- Mechanism of injury
- Physician discretion

Trauma Consult Activation Criteria:

The pediatric patient presenting with any of the following mechanisms of injury:

- Trauma Transfers without hemodynamic compromise that do not meet Level I or Level II activation criteria (With the exception of isolated orthopedic extremity injury)
- Auto rollover
- High Speed auto crash (>40 MPH)
- Auto crash with significant vehicle damage
- Any patient with an injury requires a trauma consult before admission to a non-surgical service.

Emergency Center Staff

- An ECP and/ or EMR from Area A will respond to the Trauma Room and remain with the patient until the Pediatric ECP responds to the Trauma Room or face-to-face ECP handoff is given.
- The Primary and Secondary RN's, and the Trauma Technician (EDT) will be assigned daily to respond to Trauma activations.
- The Charge RN, (2) Trauma RN's and EDT, will be notified via pager for all Level I and II calls.
- The Charge RN will assign the Scribe Nurse or assume the role him/herself.