

ACTIVATION CRITERIA FOR THE TRAUMA TEAM

This protocol should be used if major trauma is likely to have occurred based on a significant mechanism of injury. Examples may include:

High speed road traffic collisions	Fall from 2 storeys or more	Motorcycle road traffic collisions
Crush injuries	Pedestrian or cyclist versus vehicle	Assault with a weapon
Death of an occupant in the same vehicle	Prolonged entrapments	Ejection from a vehicle
Blast injuries		

Step 1	Step 2	Step 3
PHYSIOLOGICAL ASSESSMENT	ANATOMICAL ASSESSMENT	SPECIAL CIRCUMSTANCES
<p>Any one of:</p> <ul style="list-style-type: none"> ▪ Current GCS <13 ▪ Systolic BP <90mmHg ▪ Respiratory rate <10 or >29 	<p>Any one of:</p> <ul style="list-style-type: none"> ▪ Penetrating trauma proximal to elbow or knee ▪ Spinal injury with new abnormal neurology ▪ Traumatic amputation proximal to wrist or ankle ▪ Chest injury with hypoxia or suspected flail ▪ Significant burns* or inhalational injury ▪ Pelvic fracture with obvious deformity/instability 	<p>No trigger in Step 1 or 2 but high degree of clinical concern</p> <p>PLUS</p> <p>Any one of:</p> <ul style="list-style-type: none"> ▪ Age >65 years ▪ Bleeding tendency ▪ Pregnancy >20 weeks

*10% burns in a child

15% burns in an adult

Circumferential burns

Hand or facial burns

- **The above list is not exclusive. The trauma team may be called by the Middle grade or Charge nurse if they are concerned about any patient with trauma.**
- **The ED consultant should be contacted by the trauma team leader or charge nurse**
- **The trauma team & ED Consultant will be called if there are multiple casualties exceeding the number of ED staff, even if none of the above situations are in existence**
- **If the patient is <18 yrs, switchboard should be instructed to put out a Paediatric trauma call**