# ACTIVATION CRITERIA FOR THE TRAUMA TEAM (CALL 2222)

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

## Step 1
### PHYSIOLOGICAL ASSESSMENT

- Any one of:
  - Current GCS <13
  - Systolic BP <90mmHg
  - Respiratory rate <10 or >29

## Step 2
### ANATOMICAL ASSESSMENT

- Any one of:
  - 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

## Step 3
### SPECIAL CIRCUMSTANCES

- No trigger in Step 1 or 2 but high degree of clinical concern

  **PLUS**

  - Any one of:
    - 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