

**TRAUMA TRIAGE ACTIVATION CRITERIA – ST GEORGE HOSPITAL**

<b>Cross References</b> (including NSW Health/ SESLHD policy directives)	<a href="#">SGSHSS CLIN 222 - Trauma Team Roles and Responsibilities</a> <a href="#">SGSHHS CLIN 300 - Helicopter operating procedures St George Hospital</a>
<b>1. What it is</b>	Trauma Triage Activation Criteria
<b>2. Risk Rating</b>	Low Trauma team activation reduces mortality and morbidity and improves system performance <sup>1,2</sup>
<b>3. Employees it Applies to</b>	Emergency Department (ED) nurses and medical officers tasked with activating trauma pages.

**4. Process**

**4.1 Trauma Team Standby**

- Activation of ‘Trauma Team Standby’ notifies the trauma service (Director, Fellow, Registrar, SRMO, Intern, CNC and Case Manager)
- Requires attendance by ED medical and nursing staff
- Trauma registrar to attend or call within 20 minutes
- Afterhours the trauma registrar role is fulfilled by the surgical registrar
- Roles are detailed in SGSHHS CLIN Trauma - Trauma team roles and responsibilities.

**Trauma Team Required**

- Activation of ‘Trauma Team Required’ notifies ED medical staff, trauma service, ICU registrar, contact anaesthetist, radiology, blood bank, orthopaedic and surgical registrars

**4.2 Indications**

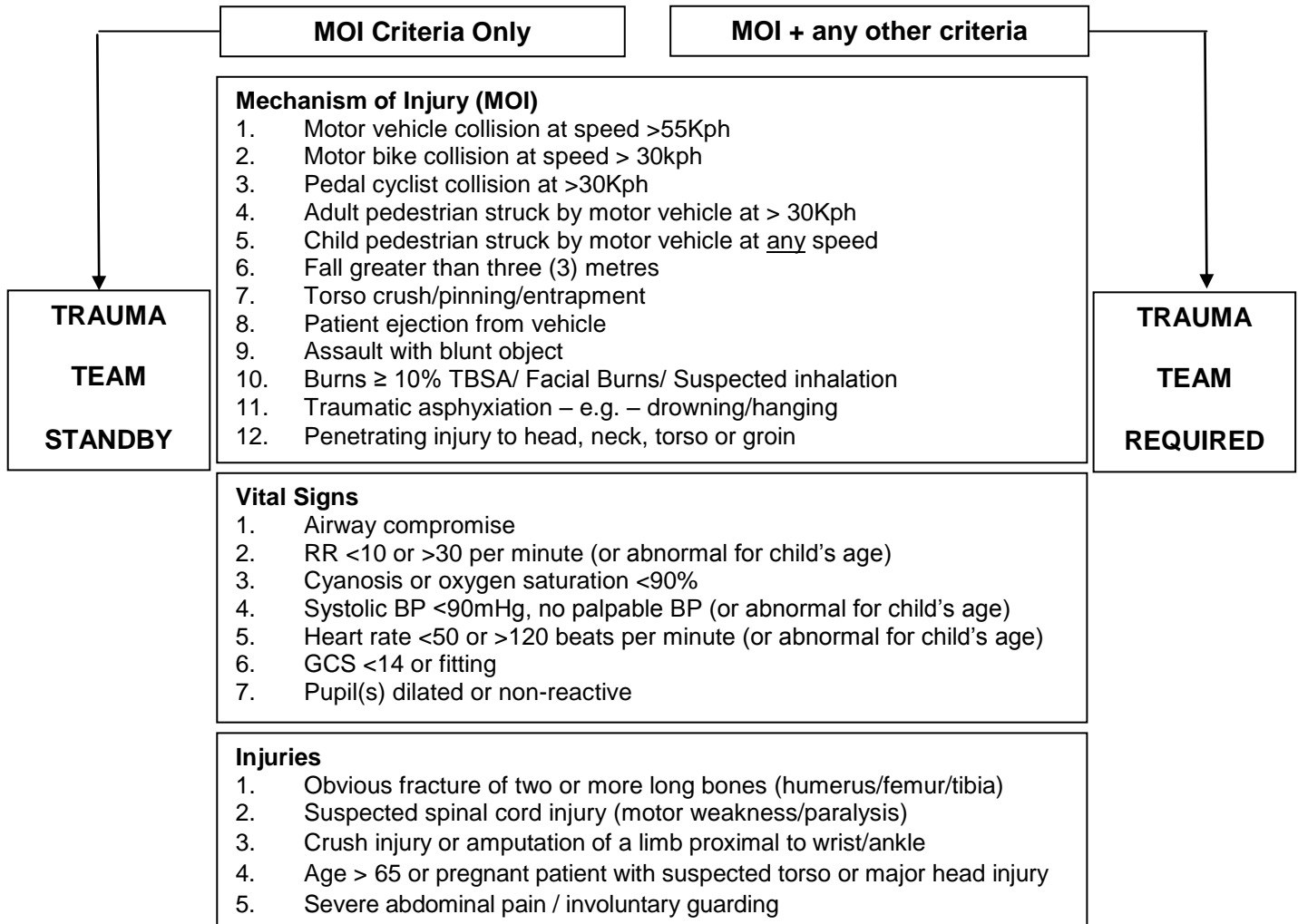
1. The Hospital Trauma Team should be activated if a patient fulfils any of the below criteria on arrival, even if no pre-hospital notification is given.
2. If the patient doesn’t meet any criteria for TTA, the assessing person should have a low threshold for activating a Trauma Team Standby if they have any concerns re an injured patient. *This response is appropriate and encouraged.*
3. If trauma criteria are not identified on initial presentation, the appropriate TTA should be activated immediately on recognition, regardless of time after presentation.
4. Paediatric vital signs vary with age and should be considered accordingly

	Age	Resp rate / min	Heart rate / min	Systolic BP mmHg
Newborn	< 3 months	25–60	110-170	60
Infants	3 – 12 months	25-55	105-165	65
Pre-school	1 – 4 years	20-40	85-150	70
School	5 – 11 years	16-34	70-135	80
Adolescents	≥ 12 years	14-26	60-120	95

<b>5. Keywords</b>	Trauma, Triage, Activation, Criteria
<b>6. Functional Group</b>	Emergency Department, Trauma Service
<b>7. External References</b>	<ol style="list-style-type: none"> <li>1. Curtis K et al (2011). Evaluation of a tiered trauma call system in a level 1 trauma centre. Injury 42(1): 57-62.</li> <li>2. Teixeira P et al (2007). Preventable or potentially preventable mortality at a mature trauma center. Journal of Trauma 63(6)</li> <li>3. Centers for Disease Control and Prevention (2012). Guidelines for field triage of injured patients. MMWR.61:1–20.</li> <li>4. Perea L et al (2016). Pediatric falls in a nonpediatric trauma center-when is trauma team activation needed? The American Surgeon, 82(8), E191-3</li> </ol>
<b>8. Implementation and Evaluation Plan</b> Including education, training, clinical notes audit, knowledge evaluation audit etc	<p>All Emergency medical and nursing staff will be educated on use of Trauma Triage Activation Criteria.</p> <p>All Trauma team activations and trauma admissions will be reviewed to ensure appropriate Trauma Triage Activation and compliance with policy via the existing trauma quality monitoring program</p>
<b>10. Knowledge Evaluation</b>	<p>Q1: What immediate action is required when a patient meeting the trauma triage activation criteria arrives in the ED or pre-hospital notification is received?</p> <p>A: Ring 777 and state “trauma team standby ED” or “trauma team required ED”.</p> <p>Q2: What should the assessing person do if they have any concerns for an injured patient but the patient does not meet the trauma triage activation criteria?</p> <p>A: The assessing person should have a low threshold for activating a Trauma Team Standby if they have <u>any concerns</u> re an injured patient. This response is appropriate and encouraged.</p> <p>Q3 What level of Trauma Team Activation is required for an interhospital trauma transfer?</p> <p>A: Trauma team standby of trauma team required is to be decided based upon criteria set out in Trauma Triage Activation Criteria</p>
<b>11. Who is Responsible</b>	St George Hospital Trauma Committee Director of Clinical Services

**TRAUMA TRIAGE ACTIVATION CRITERIA**

The Hospital Trauma Team should be activated if a patient fulfils any of the following criteria on arrival, even if no pre-hospital notification is given. Ring 777 and state Trauma Team Standby ED or Trauma Team Required ED, including the number of patients as below:



**OTHER CIRCUMSTANCES FOR TRAUMA TEAM ACTIVATION (TTA)**

1. If the patient doesn't meet any criteria for TTA, the assessing person should have a low threshold for activating a Trauma Team Standby if they have any concerns re an injured patient.  
*This response is appropriate and encouraged.*
2. If the above criteria or history of trauma are not identified on initial presentation, the appropriate TTA should be activated immediately on recognition, regardless of time after presentation.
3. **All inter-hospital trauma transfers** should receive the appropriate trauma activation based upon Trauma Triage Activation Criteria.

<b>Approval for TRAUMA TRIAGE ACTIVATION CRITERIA SGH * N/A where appropriate</b>	
<b>*Specialty/Department Committee</b>	St George Hospital Trauma Committee Dr Richard Morris, Director of Trauma Date: 20.12.16
<b>Medical Head of Department</b>	Dr Trevor Chan Director ED, SGH Date: 20.12.16
<b>*Nurse Manager</b>	Antoinette Borg, Nurse Manager Emergency Department Date: 20.12.16
<b>*Clinical Group Manager</b>	Vicki Weeden, Clinical Group Manager Date: 23.12.16
<b>Executive Sponsor</b>	Dr Geoff Westwood, Director of Clinical Services Date: 23.12.16
<b>Contributors to CIBR development</b>	Jessica Keady, CNC Trauma, Kate Curtis CNC Trauma, Lauren Neuhaus A/CNC Emergency, Amy Keegan, NE Emergency, Christine Bowles, Clinical Director Trauma, Donovan Dwyer, Emergency Staff Specialist, Richard Morris, Director Anaesthetics, Alex Tzannes, Trauma Specialist, Sarah Coombes, Emergency/Retrieval Specialist.

**Revision and Approval History**

Date	Revision number	Author (Position)	Revision due
6/2/12	3	Kate Curtis (Trauma CNC)	February 2016
June 2014	4	Kate Curtis (Trauma CNC)	June 2017
Jan 2017	5	Kate Curtis, Trauma CNC	Jan 2020

<b>General Manager's Ratification</b>	
Name Leisa Rathborne	Date: 08.03.17