## RCH TRAUMA TEAM ACTIVATION CRITERIA

Updated June 2020

Initiated via EPIC EMR, <u>**TTA</u>** will notify the entire trauma team. If trauma paging system (via EPIC EMR) is down, LAN page 4448</u>

## Criteria Attendance Attend ED at least 10 MINS PRIOR to expected PHYSIOLOGICAL ABNORMALITIES patient arrival for briefing ABC compromise Role allocation within the trauma team depends on the GCS <9 Abnormal vital signs as specified below skills available within the group, and the needs of the patient. The default role allocation, however, will be: Trauma Team Leader – ED SPECIFIC INJURIES Team Leader Support – PICU / Paed Surg Spinal cord injury • Flail chest Airway Doctor – Anaesthetics Major vascular injury Assessment Doctor – ED or Trauma Burns >20% BSA or inhalation injury Procedure Doctor – ED / PICU / Paed Surg Significant injury to multiple body regions Nursing Team Leader – ED Senior Nurse Limb amputation Scribe – ED Nurse • Drowning / Hanging / Asphyxia Airway Nurse – PICU Nurse Severe blunt injury to head / chest / abdo Circulation Nurses – ED Nurses Penetrating injury to head / chest / abdo o Infusion Crush injury to head / chest / abdo • Procedure Transfusion Radiographer **MULTIPLE PATIENTS ED Social Worker** When 3 or more trauma patients are ED PSA expected Attend ONLY on Team Leader request ED TRAUMA TEAM LEADER REQUEST Other specialty teams • Use this only if no other criteria apply **Receives notification of Trauma Page** Step down Haematology (Blood Bank) The Team leader will notify trauma team • Trauma Service staff members if their support is no longer Executive required. After Hours Coordinator

	<3 months		3 - 12 months		1 - 4 years		5 - 11 years		≥ 12 years	
	Low	High	Low	High	Low	High	Low	High	Low	High
Resp Rate	25	60	25	55	20	40	16	34	14	26
Heart Rate	110	170	105	165	85	150	70	135	60	120
Systolic BP	60		65		70		80		95	
SpO2	<90%									