Hospital
University of Minnesota Medical Center, Fairview
University of Minnesota Amplatz Childrens Hospital

Policy

Trauma Team Activation Level WHITE/PARTIAL - UMMC

Purpose:
1. To identify trauma patients, likely to be minimally injured or have a presenting mechanism of injury.
2. To ensure timely and appropriate evaluation and resuscitation through simultaneous activities of a multidisciplinary team.
3. The Trauma Team is expected to respond immediately to an activation.

Policy:
Any patient that presents to the University East bank campus or Amplatz Children's Hospital Department that has met the following criteria will have a trauma team activation level WHITE/PARTIAL called.

Criteria:
- EMS Judgment
- Decision of ED attending/Charge RN/Trauma MD APP or RN
- Amputations at finger/toe or below
- GCS 12 related to trauma
- Penetrating wounds to extremities
- Femur fracture related to trauma with mechanism greater than a ground level fall
- Two or more long bone fractures in two different extremities
- Focal neurological deficits
- Fall from >15 feet for adults
- Fall greater than 2x their height for pediatrics
- Drowning
- Severe Hypothermia <34 degrees Celsius
- 30 minute or longer extraction times at scene
- Intrusion of 18 inches or greater
- Ejection from vehicle
- Pedestrian struck by motor vehicle
Trauma Services (Surgical Resident, Advanced Practice Provider or Trauma Surgeon) will present themselves immediately to the Emergency Department.

If a Trauma Attending is not present at the TTA they will evaluate the patient within a timely manner. The Advance Practice Provider or Trauma/ Surgical Resident will give a verbal report to the Trauma Attending for all TTA’s at the time of admission.

The Emergency Department Physician, Advance Practice Provider or Trauma Resident can call in the Trauma Attending any time during the trauma team activation or upgrade the TTA to Red if necessary.

**Procedure:**

1. Determine that patient has met Trauma activation criteria.
2. The ED HUC or designee will call the operator at 888.
3. The ED HUC or designee will state a “Trauma Team Activation Level WHITE.”
4. The operator will digitally and/or overhead page 3x “Trauma Team Activation Level WHITE.”
5. All Trauma Team members that are involved in the initial stabilization of the patient that enter the trauma room are expected to use universal precautions.
6. The Trauma Surgery Team will coordinate care of the trauma patient with the ED Attending.
7. Minimally an RN with ACLS will accompany pt to radiology during initial resuscitation.
8. The Trauma RN team leader will be responsible to coordinate with ancillary departments. They will stay with the patient until they report off to another RN or the patient’s condition no longer warrants constant supervision by RN as determined by trauma team leader.
9. The patient will be admitted to Trauma Services as needed.

**Policy Owner:**

Cori Sybrant, System Director Trauma Services

**Approved By:**

Cori Sybrant, System Director Trauma Services

**Date(s):**

**Date Effective:** 9/07

**Date Reviewed/Revised:** 1/13

**Related Information**

**Additional Approvers:**

Kaysie Banton MD, Medical Director Trauma Services
Bradley Segura MD, Medical Director Pediatric Services

**External Ref:**

Resources for Optimal Care of the Injured Patient: 2007

American College of Surgeons – Advanced Trauma Life Support

**Internal Ref:**