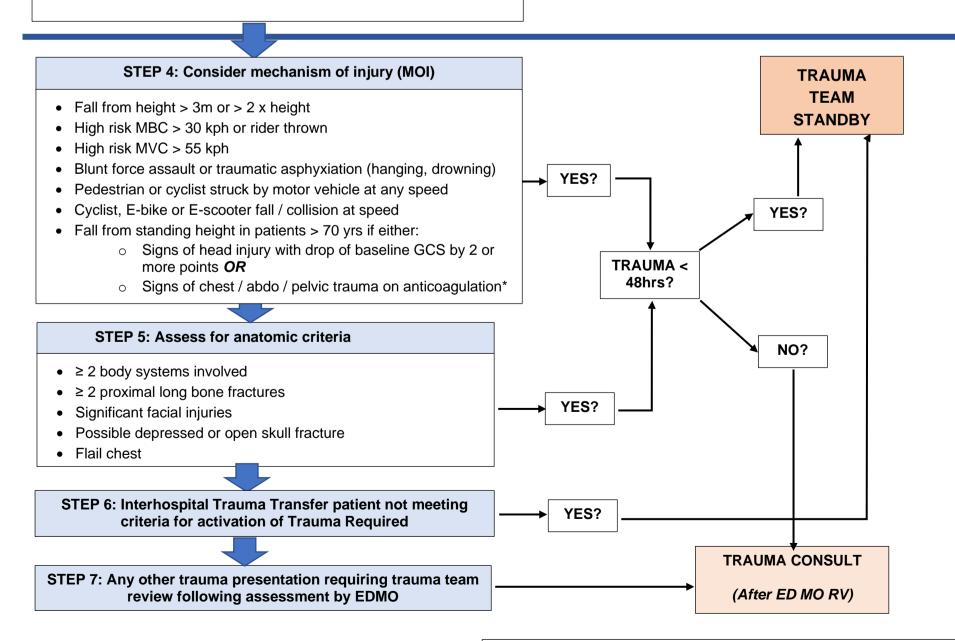




To activate the trauma team, call 2222 PATIENT WITH SUSPECTED OR CONFIRMED TRAUMA and state "Trauma Team Required or Trauma Team Standby" STEP 1: Assess for physiological derangement Note: code crimson activation is in addition to a trauma required in consultation with an SMO A Threatened airway or intubated at scene **B** RR < 10 or > 29 or SaO2 < 90% If < 12 yrs use SPOC BTF criteria and activate if red zone C SBP < 90 mmHg at ANY time prehospital or arrival to ED YES? o If > 70 yrs use SBP < 110 mmHg If < 12 yrs use SPOC BTF criteria and activate if red zone criteria **C** HR > 120 or < 50 or HR > SBP o If < 12 yrs use SPOC BTF criteria and activate if red zone **D** GCS < 13 STEP 2: Assess for critical injuries Penetrating injury: head, neck, torso, groin **TRAUMA** Uncontrollable haemorrhage YES? **TEAM** Traumatic amputation (proximal to wrist and ankle) **REQUIRED** Major burn > 15% TBSA Suspected spinal cord injury Prolonged torso crush **STEP 3: Special considerations** · Senior Emergency Clinician's discretion Pregnant > 20/40 or Postpartum < 6 weeks Activate trauma required +/- obstetric rapid response If < 12 yrs use SPOC BTF criteria and activate if vitals in red zone YES? Interhospital transfers need trauma required activation if: Ongoing transfusion requirement Ongoing respiratory compromise (exclude intubated



*Warfarin, NOAC (Apixaban, Rivaroxaban), therapeutic Enoxaparin (Clexane)

elsewhere and stable SaO₂)

Likelihood of immediate or urgent surgery