PATIENT WITH SUSPECTED OR CONFIRMED TRAUMA

To activate the trauma team, call 2222 and state "Trauma Team Required" or "Trauma Team Standby"

If physiological derangement is considered not secondary to injury, this must be discussed with ED Consultant. If the ED Consultant's decision is not to activate a Trauma Required, the patient is to be assessed in ED & follow the process for Trauma Consult if necessary. (Refer to Section 5.2 of SGH BR 372)

STEP 1: Assess for physiological derangement

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
- 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
- If <12 yrs use SPOC BTF criteria and activate if red zone

D GCS <13

YES → TRAUMA TEAM REQUIRED

STEP 2: Assess for critical injuries

- Penetrating injury: head, neck, torso, groin
- Uncontrollable haemorrhage
- Traumatic amputation (proximal to wrist and ankle)
- Major burn > 15% TBSA
- Suspected spinal cord injury
- Prolonged torso crush

YES → TRAUMA TEAM REQUIRED

STEP 3: Special considerations

- Senior Emergency Clinician's discretion
- Pregnant > 20/40 or Postpartum < 6 weeks:
  Activate trauma required & obstetric rapid response if:
  - Meeting any criteria for step 1 or 2
    OR
  - Suspected chest / abdo / pelvic injury
- If <12 yrs use SPOC BTF criteria and activate if vitals in red zone
- Interhospital transfers need trauma required activation if:
  - Ongoing transfusion requirement
  - Ongoing respiratory compromise (exclude intubated elsewhere and stable SaO_2)
- Likelihood of immediate or urgent surgery

YES? → TRAUMA TEAM REQUIRED

Trauma Required calls should be managed in the resus room, if bed not available discuss with Senior ED MO In charge & NUM

STEP 4: Consider mechanism of injury (MOI)

- Fall from height > 3m or > 2 x height
- High risk MBC > 30 kph or rider thrown
- High risk MVC > 55 kph
- Blunt force assault or traumatic asphyxiation (hanging, drowning)
- Pedestrian or cyclist struck by motor vehicle at any speed
- Cyclist, E-bike or E-scooter fall / collision at speed
- Fall from standing height in patients > 70 yrs if either:
  - Signs of head injury with drop of baseline GCS by 2 or more points
    OR
  - Signs of chest / abdo / pelvic trauma on anticoagulation (e.g. warfarin, NOACs (apixaban, rivaroxaban, dabigatran), enoxaparin)

YES → TRAUMA TEAM STANDBY

NO → STABLE ENOUGH FOR WAITING ROOM

TRAUMA < 48hrs
- YES → TRAUMA TEAM STANDBY
- NO → STABLE ENOUGH FOR WAITING ROOM

STABLE ENOUGH FOR WAITING ROOM → YES → TRAUMA TEAM STANDBY

STEP 5: Assess for anatomic criteria

- ≥ 2 body systems involved
- ≥ 2 proximal long bone fractures
- Significant facial injuries
- Possible depressed or open skull fracture
- Concern for significant chest or intraabdominal injury

YES → TRAUMA < 48hrs

STEP 6: Interhospital Trauma Transfer patient not meeting criteria for activation of Trauma Required

YES → TRAUMA TEAM STANDBY

STEP 7: Any other trauma presentation stable enough for the waiting room or requiring trauma team review following assessment by EDMO

→ TRAUMA CONSULT *(After ED MO RV)*