

## Trauma Unit Trauma Call Activation Criteria

**A Trauma call SHOULD be activated by the following criteria:**  
(in a trauma patient)

### Physiological Concerns (adults)

- SBP<90mmHg or absent radial pulses
- GCS – Motor score of 4 or less
- RR<10 or >29

### Anatomical Concerns (adult + paediatrics)

- Airway Compromise
- Penetrating injury to Axilla, Trunk, Groin or neck
- Suspected major chest injury
- Suspected major pelvic injury
- >1 fractured proximal long bone
- Signs of acute spinal cord injury
- Burns 20% BSA and / or airway burns

**BOX 1**

**Call 2222. State “Adult” or “Paediatric” “Trauma call” (Paediatric if <16 years old)  
Call ED Consultant if not in department**

**If a trauma call is not triggered by above criteria but mechanism is concerning ED consultant/ ST4+ can still activate trauma call if felt appropriate or wait to assess patient on arrival & escalate to trauma call if necessary**

### **WTN recommends caution in the following patient groups:**

(a trauma call *(at the discretion of ED Cons)* may be indicated even if Box 1 features are absent)

- **Age >65** in the presence of:
    - Systolic BP <110mmHg
    - Fall >2 meters
    - On anti – coagulants
- (elderly trauma is often underestimated- maintain a high index of suspicion)*
- **Age <13** years
  - Patient on **anti-coagulants** / known **bleeding disorder**
  - **Pregnancy >20weeks**
  - 3 or more patients expected simultaneously

**BOX 2**

### **On Arrival of Patient, for “hands off handover” unless**

Cardiac Arrest  
Urgent Airway or Breathing Issue  
Major Circulatory Compromise or external haemorrhage

## Things to consider / remember...

### Allocate Roles

- Team Leader (hands-off)
- Anaesthetist & ODP
- Orthopaedics
- Primary survey doctor
- Intravenous access / difficult access
- General surgeon
- Nurse 1 and Nurse 2
- Scribe
- Consider calling obstetrics/paediatrics
- Liaison with Blood Bank

Decide who will be performing potentially necessary procedures (e.g. chest drain, thoracotomy, IO access)

### Prepare/Consider

- Trauma Booklet
- Warm up CT/inform radiology team
- Triple immobilisation/Ferno Scoop
- Keep patient warm
- Pelvic Binder
- FAST scan
- Difficult access (IO, Central line)
- Alert Blood Bank
- Major Haemorrhage control
- Belmont Infuser
- RSI
- TXA
- Surgical airway
- Thoracostomy
- Clamshell Thoracotomy