



Trauma Service Response to Trauma Activations

Purpose: To outline the expected response of the Trauma Service to evaluate injured patients in the Emergency Department.

Scope:

911 Activation: See Tiered Trauma Activation Criteria (attached)

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Guideline:

1. 911 Activation:

- a. The Trauma Surgeon is expected to respond to 911 activations immediately and to be present in the Trauma Resuscitation Room on patient arrival if there has been adequate notification from the field.
- b. If notification has been short or the activation is initiated after the patient has been in the Emergency Department for some time prior to recognition of 911 criteria, they are expected to respond and be at the patient's bedside within 15 minutes of activation.
- c. Call back process: If the Trauma Surgeon does not call back within 3 minutes of activation, the RCS or designee will contact the Surgeon via cell phone number.
- d. 911 Activation Response Team Members: Trauma Surgeon, ED Physician, Primary RN, Scribe RN, PICU RN (if patient is <18 y/o), OB RN (if patient is >20 weeks gestation), OR RN, Respiratory Therapist, Radiology Tech, Lab Tech, Chaplain and House Supervisor (E/N, wknd and holiday).

2. 912 Activation:

- a. A 912 activation will occur at the discretion of the ED physician.
- b. Prior to activation:
 - i. Upon arrival to the ED, the patient with suspected or confirmed traumatic injury will be evaluated by the ED physician as quickly as possible.
 - ii. The ED physician will determine if the patient meets criteria and activate accordingly.
- c. Call back process: If the Trauma Surgeon does not respond via telephone within 15 minutes of first activation, the Radio Communication Specialist (RCS) or designee will re-page the trauma surgeon and document reactivation time on the activation record. If the Trauma Surgeon does not return the call after second attempt within 15 minutes, the RCS or designee will contact the Surgeon via cell phone number.
- d. If at any time the patient deteriorates, a 911 activation must occur according to criteria or at the discretion of the ED physician.
- e. The Trauma Surgeon is expected to determine and communicate to the ED physician the patient's disposition within two (2) hours of trauma activation. If the patient's ED disposition has not been communicated to the ED physician, re-page the Trauma Surgeon.

- f. After communication with the ED physician, the Trauma Surgeon has the discretion to evaluate the patient in the ED or on the unit.
- g. If the Trauma Surgeon does not evaluate the patient in the ED, it is expected that he/she evaluate the patient within six (6) hours after activation.
- h. 912 Activation Response Team Members: Trauma Surgeon, ED Physician, Primary RN, Scribe RN, PICU RN (if patient is <18 y/o), OB RN (if patient is >20 weeks gestation), Respiratory Therapist, Radiology Tech, Lab Tech, Chaplain and House Supervisor (E/N, wknd and holiday).

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