

# Trauma Team Activation - 888

## Criteria for Trauma Team Activation - TTA

### Physiologic Criteria

1. Respiratory rate <10 or >29
2. Systolic blood pressure <90
3. Glasgow Coma Scale ≤13

### Anatomic Criteria

1. Penetrating injuries to head, neck, chest, abdomen, groin, and extremities proximal to knee and elbow
2. Flail chest
3. Combination trauma with burns >20% of BSA
4. Unstable pelvic fracture
5. Traumatic Limb amputation and or paralysis
6. Multiple Proximal long-bone fractures

### Mechanism

1. Trauma in Pregnancy with Major Mechanism at any stage

### Other Criteria

1. In a multiple trauma scenario activate each patient

## Trauma Team Consult (EP TTL only)

### Mechanism - major mechanism signals major injuries

1. Fall >20 feet
2. MVC >65km/hr or rollover or ejection
  - Major deformity >50cm
  - Major intrusion >30cm
  - Extrication time >20 min
  - Death of passenger
3. Pedestrian struck >10km/hr or thrown >10ft or run over
4. Cyclist struck >10km/hr
5. Motorcyclist crash >30km/hr or separation from motorcycle
6. Major industrial accident
7. Significant assault

### Other Considerations

1. Other significant co-morbidities

## Triage: Pre-Hospital Report - MIST

### Estimated Time of Arrival

- M** – Mechanism  
**I** – Injuries  
**S** – Signs /Symptoms  
**T** – Treatments

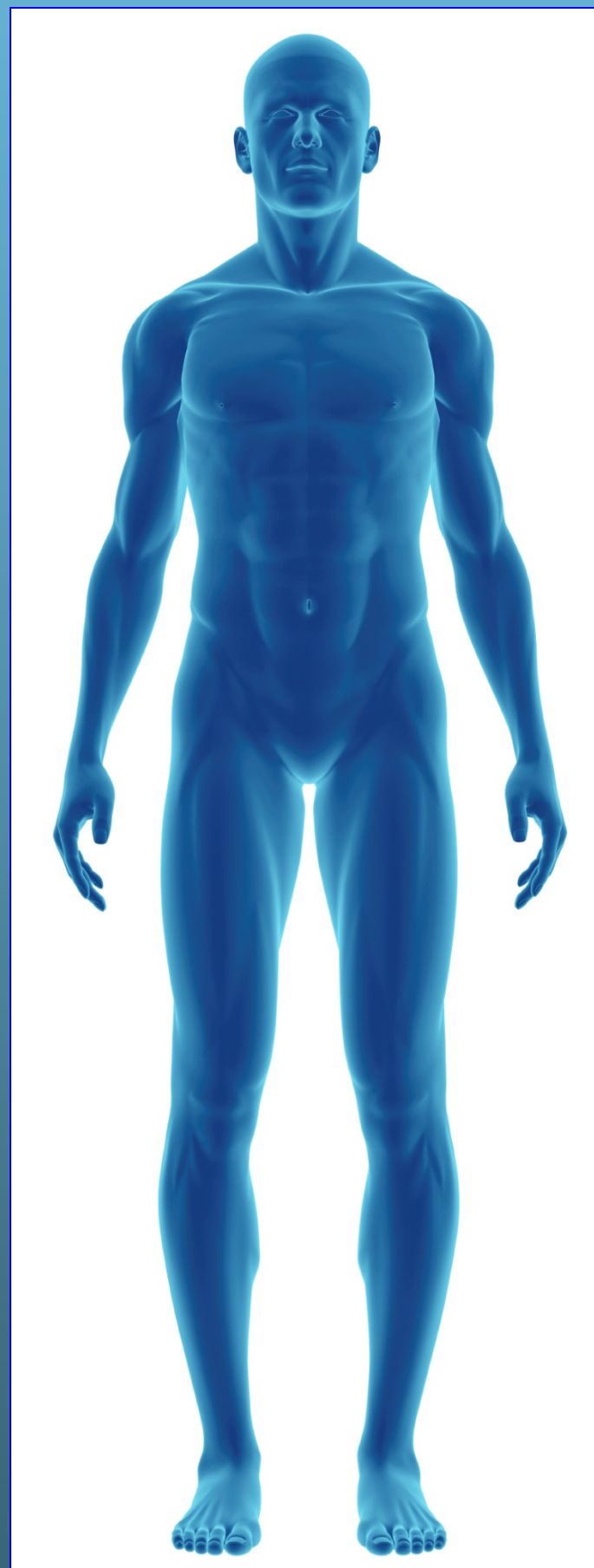
\*\* Triage should ACTIVATE at time of pre-hospital notification if criteria is met

**AIRWAY**  
**EP**

1. Airway
2. Breathing
3. Supervise RTL until surgeon TTL arrives

**RT**

1. Airway
2. Breathing
3. ABG's



**PROCEDURE**  
**EP**

**OUTREACH**  
**NURSE #3**  
- Procedures

**RESIDENT(S)**  
- Procedures

**OUTREACH**  
**NURSE #2**  
- Patient  
- Infusions

**\*OUTREACH**  
**NURSE #4**  
(if needed)

**TTL**  
**TN**

1. Guidance
2. Big Picture
3. Coaching
4. Decisions
5. Call OR/Admitting

## Team Management

### PRIMARY (3 min)

- A- airway  
B- breathing  
C- circulation: pulse check  
stop bleeding  
IV's  
D- disability : GCS  
pupils  
E- expose and keep warm

### Primary Adjuncts

Labs, ABG's, CXR, FAST, ETCO2

### SECONDARY (5-10 min)

- F- full set of repeated vitals  
family presence  
focussed adjuncts  
G- give comfort  
H- head to toe  
I- inspect posterior

### Secondary Adjuncts (15 min)

CT/ Angio/ foley/ NG

**PLAN (30min):** OR/ ICU/ Unit

**Teamwork = Working together with good Communication towards a Common Goal**

## Reduce Morbidity and Mortality – Consider

### Activation – low threshold

- TTA = System wide activation
- Early activation is proactive vs. reactive
- Multiple traumas = multiple activations (alerting system readiness)

### Early Consultation - (Ortho, Neuro, Spine, Angio)

### Triad of Death

- **Hypothermia:** (temperature within 15 minutes)
- **Acidosis:** (ABG ASAP and second ABG at 20-30 minute mark)
- **Coagulopathy:** (anticipate and treat empirically)

### IV fluids

- Permissive hypotension  
Exceptions: head, spine, cardiac, pregnancy
- Limit crystalloids. **Use Plasmalyte**
- Whole blood resuscitation
- Massive Blood Transfusion Protocol Activation

### Diagnostics

X-ray /FAST /CT (RIPIT stable vs. unstable)

### Other factors to consider that may increase risks

- Co-morbidities (cardiac pathology, coagulation, renal function)
- Pregnancy (>22wks major trauma = Level 1 trauma centre transfer)
- Age
- Drugs/Alcohol

### Trauma Team notified:

- TTL
- X-Ray/ CT Tech
- ECG Tech
- RT
- OR CNL
- Radiology Res.
- Lab/Blood Bank
- Anesthesia
- Trauma Coordinator
- Gen/Vasc. Surg. Jr. Res.
- Gen. Surg. Sen. Res.
- Gen. Surg. Staff

**Failure to Suspect = Failure to Detect**