

VALLEYCARE
OLIVE VIEW-UCLA MEDICAL CENTER/HEALTH CENTERS
POLICY & PROCEDURE

NUMBER: 184
VERSION: 1

SUBJECT/TITLE: **MANAGING PATIENTS SUFFERING FROM MAJOR TRAUMA**

POLICY: To establish criteria and standards, which ensure that patients requiring the care of a trauma center who arrive by means other than EMS will be managed in accordance to the procedure established in this policy.

Criteria established in the Los Angeles County EMS Agency Prehospital Care Manual Reference # 506 Trauma Triage will be used to identify those patients who are suffering injuries consistent with a major trauma and their care.

PURPOSE: Olive View-UCLA Medical Center is not a designated trauma center; however, there are instances in which patients suffering from a major traumatic injury arrive in the Department of Emergency Medicine (DEM) seeking treatment. The purpose of this policy and procedure is to:

- Set forth the criteria that define a major traumatic injury;
- Identify patients who may have major injuries due to trauma;
- Identify patients and situations in which the trauma system should be initiated and utilized; and,
- Ensure patients receive an appropriate Medical Screening Examination and stabilizing treatment(s), provide continuous assessment/reassessment and documentation of that care and treatment, and initiate an appropriate transfer to a Trauma Center if required.

DEPARTMENTS: All

DEFINITIONS:

PROCEDURE: When a patient meeting the criteria listed below arrives in the DEM, the following will occur at the discretion of the DEM Attending Physician.

The DEM Charge Nurse

1. Alerts the Hospital Operator to page overhead “Trauma Alert – Department of Emergency Medicine.”

The Operator

1. Activates the beeper system to alert the responders listed below.

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When a “Trauma Alert” is called, the following clinical personnel will respond:

- a. General Surgery Resident
- b. Nursing Administrator
- c. Anesthesia Attending
- d. Respiratory Therapist
- e. Radiology Technologist Supervisor

The attached Trauma Notification Protocol Flow Chart delineates the procedure for first and second responders.

The General Surgery Senior Resident on call will be the designated “Trauma Resident”, responsible for the management of major blunt and penetrating trauma victims. The Trauma Resident is responsible for identifying and notifying the General Surgery Attending on call and all appropriate Surgical Subspecialty Residents (if required) of the Trauma Alert.

The Department of Surgery will work in conjunction with the DEM to assure the proper and timely care of the patient, but the final disposition of the patient is to be determined by the Department of Surgery. The Department of Surgery Trauma Coordinator or his/her designee, in accordance with the following guidelines, will make including designation of the admitting service final disposition of the patient.

- A. **Unisystem trauma** goes to the appropriate service.
- B. **Multisystem trauma**, not including a general surgical condition, will be admitted to the General Surgery Service for stabilization, and then transferred to the appropriate service.
- C. **Multisystem trauma**, including a general surgical condition, will be cared for by the General Surgery Service initially with appropriate consultation and care. If, after resolution of the general surgery condition(s), the patient requires continued hospitalization and care, the patient will be transferred to the appropriate service.
- D. **Pediatric Trauma** will be managed by these guidelines in conjunction with the existing policy on care of Hospitalized Pediatric Surgical Patients. Consultation with the Pediatrics Service will be obtained for trauma patients’ ages 12 years or younger.
- E. Patients that cannot be managed in this facility will be transferred to an appropriate hospital after evaluation and stabilization has been accomplished in this hospital.

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EMS Trauma Triage Criteria Definitions (Ref.#506 DHS EMS Manual)
Patients who fall into one or more of the following categories:
Trauma Triage Criteria (Trauma Center Criteria)
Adults with blood pressure < 90 systolic
Children with blood pressure < 70 systolic
Penetrating cranial injury
Penetrating thoracic injury between the midclavicular lines
Gunshot wound to the trunk
Blunt injury to the chest with unstable chest wall (flail chest)
Penetrating injury to the neck
Diffuse abdominal tenderness
Patients surviving falls from heights > 15 feet
Blunt head injury associated with altered consciousness (GCS equal to or less than 14, excluding patients less than 1 year old), seizures, unequal pupils, or focal neurological deficit
Open or closed injury to the spinal column associated with sensory deficit or weakness of one or more extremity
Extremity injuries with neurological and/or vascular compromise, excluding isolated hand or foot injuries

References: Pre-hospital Care Policy Manual Reference #506	
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