PRACTICE GUIDELINE

Effective Date: **3-12-04** Manual Reference: **Deaconess Trauma Services**

TITLE: DEFINITION OF THE TRAUMA PATIENT

OBJECTIVE: To provide a uniform definition of the type of patient for which the Trauma Team will be activated.

GUIDELINES:

A. Deaconess Hospital considers itself capable of providing Level II trauma care as defined by the American College of Surgeons. In conjunction with this, Deaconess Hospital and the trauma service will be available to treat and admit any seriously ill patient at high risk of dying or suffering morbidity from multiple and severe injuries.

B. In general, Trauma Services will be using the definitions proposed by the Committee on Trauma of the American College of Surgeons. These definitions were revised & approved by the Trauma Operational & Peer Review Committees at Deaconess Hospital. In certain cases, the definition of trauma that is established by "mechanism" and "pre-existing conditions" has been altered. This definition consists of:

> Potentially severe physical injury caused by an external source (fall, auto crash, farm or industrial accident, knife or gunshot wound, etc.) that requires emergency medical intervention to attempt to prevent loss of life or limb or substantial, permanent physical impairment. It does include moderate or minor injuries; heart attacks, strokes, or other internal conditions; chronic, contagious, or infectious diseases; or mental illness not caused by a severe physical injury.

C. The Emergency Department physician will have the authority to define each patient as a Category I or a Category II activation. Consultation with the trauma surgeon is always available to help make this decision. Additionally, if the patient deteriorates en route or after arrival to the Emergency Department, the status can be changed at any time.

D. The Emergency Department physician can make decisions concerning transfer of patients to a Level I trauma center and the activation of the Trauma Team. If there is any question as to the appropriateness or timing of the transfer, the trauma surgeon will have final authority.

E. In studies in which triage accountability has been examined, it must be noted that "over triage" to trauma centers is common. Therefore, the Trauma Team at Deaconess Hospital will be willing to accept injured patients who may be on the borderline of acceptance criteria.

F. Deaconess Hospital is not a regional burn center nor does it have consistent Neurosurgery coverage for Pediatric Intensive Care patients, but will provide initial stabilization and triage for these patients in accordance with the American Burn Association & Pediatric Advanced Life Support standards. Deaconess Hospital will stabilize and evaluate any burned or pediatric patient who meets these standards.

G. After the patient has been evaluated in the Emergency Department, a decision will be made by the Trauma Team as to whether the patient should be admitted at Deaconess Hospital or transferred to a Level I Trauma center that can meet the patient's needs. Occasionally, a patient with severe burns may be triaged directly to a regional burn center, especially when geographically closer or when aero medical transportation is readily available.

H. In certain circumstances of burns & pediatric injuries associated with other life-threatening injuries, the patient may be admitted to Deaconess Hospital for initial treatment. Once the patient has stabilized, transfer to a burn center or a pediatric intensive care will be considered.

REFERENCES:

- Emergency Department Policy and Procedure Manual, "TRANSFER OF PATIENTS (EMTALA)".
- Trauma Guideline Manual, "TRAUMA TEAM ROLES & RESPONSIBILITIES".
- Trauma Guideline Manual, "TRAUMA ACTIVATION / ALERT PROCESS".

REVIEWED DATE	REVISED DATE
JAN 05	JAN 08
JAN 06	
JAN 07	
OCT 11	
AUG 14	
AUG 16	
JAN 17	
JAN 18	
JAN 19	