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Definition of the Trauma Patient

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

Definitions:

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 and approved by the Trauma Operational and Trauma Mortality and Morbidity Review Committees at Deaconess Midtown 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, motor vehicle 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 but these may not require admission by a trauma surgeon

Guidelines:

- A. Deaconess Midtown Hospital (Deaconess Midtown) has been deemed capable of providing Level II trauma care as defined by the American College of Surgeons
 - a. Deaconess Midtown and Trauma Services will be available to treat and admit any seriously ill patient at high risk of dying or suffering morbidity from multiple and severe injury
- B. Emergency Department physician has the authority to define each patient as a Category I or a Category II activation in accordance with the Trauma Center’s activation criteria
 - a. Consultation with the Trauma Surgeon is always available to help make this decision
 - b. If the patient deteriorates en route or after arrival to the Emergency Department, the patient status can be upgraded at any time

- C. Emergency Department physician can make decisions concerning transfer of patients to a Level I trauma center and the activation of the Trauma Team
 - a. 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 Midtown Hospital or transferred to a Level I trauma center that can better meet the patient's needs
 - i. If there is any question as to the appropriateness or timing of the transfer, the Trauma Surgeon will have final authority
- D. Burns
 - a. Deaconess Midtown is not a regional burn center but will provide initial stabilization and triage for these patients in accordance with the American Burn Association.
 - i. Deaconess Midtown will stabilize and evaluate any burned patient, adult or pediatric, who meets these standards
 - ii. Occasionally, a patient with severe burns may be triaged directly to a regional burn center, especially when geographically closer or when air medical transportation is readily available
 - iii. In certain circumstances when burns are associated with life-threatening injuries, the patient may be admitted to Deaconess Midtown for initial treatment
 - 1. Once the patient has been stabilized, transfer to a burn center will be considered

References:

- Emergency Department Policy and Procedure Manual "Transfer of Patients (EMTALA)"
- Trauma Guideline Trauma Team Roles and Responsibilities
- Trauma Guideline Trauma Activation and Alert Process