

Trauma Team Activation and Response

- Timely and appropriate Trauma Team activation (TTA) is a critical component of providing optimal care to the injured patient. This involvement includes both the proper field triage of trauma patients by EMS providers as well as the internal notification of the Trauma Team at Harbor-UCLA.
- EMS providers are directed to transport trauma patients to the Harbor-UCLA ED according to criteria and guidelines established by the L.A. County EMS Agency (Reference 506 http://file.lacounty.gov/SDSInter/dhs/206236_506.11-30-14.pdf). When a trauma patient does not meet specific criteria / guidelines for transport to a trauma center, EMS providers may determine, based on their clinical judgment, that a trauma patient should be transported to Harbor-UCLA for Trauma Team evaluation.
- When a trauma patient is transported to Harbor-UCLA, the MICN or ED Base physician answering the radio determines whether a patient meets the internal Harbor-UCLA TTA criteria (see below). These criteria are standardized across DHS and divided into TTA-1, TTA-2, and Trauma Consult (TC) criteria.
- If a patient meets TTA criteria pre-hospital, the MICN or ED Base physician will activate the Trauma Team by (1) sending an alphanumeric batch page via the Spok website and (2) paging the EM physician team (Green or Purple) overhead with the level of activation, ETA, and expected ED destination. In the event that multiple trauma patients are incoming, each patient should be paged individually whenever possible. The ED Charge Nurse and Acute ED clerk may be asked to assist when needed.
- The format for sending an alphanumeric TTA/TC page is as follows:
 - Level of activation (TTA-1, TTA-2, or TC)
 - Patient age
 - Mechanism of injury
 - Vital signs
 - GCS
 - Other relevant medical information (e.g., diminished breath sounds, on anticoagulants, etc.)
 - ETA or “here now”
 - Expected ED destination
- **If the alpha-numeric paging system is not available, Trauma Team activation will be carried out alternatively by sending a numeric page by dialing (310) 992-2150** and entering the Trauma Bay extension (enter 65250*1111 for a TTA-1 or 65250*2222 for a TTA-2), or by contacting the Trauma Attending via Spectralink phone.
- Once the activation has occurred, the MICN or ED Base physician will provide a verbal handoff to the receiving Trauma Team in the Trauma Bay whenever possible.
- If a patient sustains a trauma mechanism but does not meet the internal TTA criteria, then the Emergency Medicine staff will evaluate the patient on arrival to the ED. This is known as an “ED Trauma”. If the ED Trauma patient is found to meet the TTA/TC criteria on this ED evaluation, then the Emergency Medicine physician will upgrade this patient to the appropriate TTA/TC level by writing an order, asking the clerk to initiate a batch page, and notifying the bedside

nurse. This activation may also be performed by the ED Charge Nurse if she/he believes the patient meets criteria.

- Trauma patients who are already registered prior to Trauma Team activation are designated as “delayed” traumas.
- If a trauma patient is ≥ 20 weeks pregnant and has abdominal pain or vaginal bleeding, then the MICN or Base physician will activate a TTA-2 (providing no TTA-1 criteria are met) AND will activate the Perinatal Emergency Response Team (PERT). **The PERT is activated by sending a batch page to (310) 501-1130.** The PERT is a team of in-house OB, Neonatal ICU, and Respiratory Therapy specialists who may be required to perform an evaluation of the pregnant trauma patient and perform an emergent C-section.
- If the prehospital provider or MAC requests the Hospital Emergency Response Team (HERT), the MICN or ED Charge Nurse will contact the HERT Team Leader (Trauma Surgery Attending) and HERT nurse according to Hospital Policy 375A.
- Once a TTA/TC is activated, the Trauma Team will evaluate the patient and document this evaluation in the medical record. There is no cancelling of Trauma Team activations, nor performing curbside consultations for trauma patients.
- The response to Trauma Team activation is as follows:
 - TTA-1
 - Trauma Surgery Attending (within 15 minutes of patient arrival)
 - Emergency Medicine Attending
 - Trauma Chief Resident
 - Emergency Medicine Senior Resident
 - Trauma Junior Resident
 - Emergency Medicine Resident
 - Emergency Medicine Intern
 - Trauma Surgery Intern
 - ED Nurse Scribe
 - ED Nurse Right
 - ED Nurse Left
 - Anesthesia Provider
 - Respiratory Therapist
 - Pharmacist
 - X-ray Technologist
 - Social Worker
 - TTA-2
 - Trauma Surgery Attending (within 30 minutes of patient arrival)
 - Emergency Medicine Attending
 - Trauma Chief Resident
 - Emergency Medicine Senior Resident
 - Trauma Junior Resident
 - Emergency Medicine Resident
 - Emergency Medicine Intern
 - Trauma Surgery Intern
 - ED Nurse Scribe

- ED Nurse Right
 - ED Nurse Left
- ED Trauma
 - Emergency Medicine Attending
 - Emergency Medicine Resident
 - Emergency Medicine Intern
 - ED Nurse
- When a Trauma Consult is activated, the Trauma Surgery service will evaluate the patient as a consultation according to hospital policy.
- Members of the Trauma Team with expected responses as above should arrive prior to the patient and participate in the pre-arrival huddle whenever possible.