

# TRAUMA CALL CRITERIA - ED SCH

## PRACTICE GUIDELINE<sup>®</sup>

### DOCUMENT SUMMARY/KEY POINTS

- Sydney Children's Hospital at Randwick (SCH) is one of three Paediatric Major Trauma Services in New South Wales
- Seriously injured children presenting to the Emergency Department may be managed either by the Emergency Department staff alone or with the assistance of the hospital Paediatric Trauma Team notified by pager through the hospital switchboard
- There are two tiers of Trauma Calls:
  - **Paediatric Trauma Attend** activated when an injured child presents with either abnormal vital signs or has evidence of significant injuries or requires airway, breathing or circulatory support
  - **Paediatric Trauma Standby** used where a paediatric trauma patient appears to be stable with no obvious significant injuries; has normal vital signs and doesn't require resuscitation

This document reflects what is currently regarded as safe practice. However, as in any clinical situation, there may be factors which cannot be covered by a single set of guidelines. This document does not replace the need for the application of clinical judgement to each individual presentation.

<b>Approved by:</b>	SCHN Policy, Procedure and Guideline Committee	
<b>Date Effective:</b>	1 <sup>st</sup> August 2020	<b>Review Period:</b> 3 Years
<b>Team Leader:</b>	Registered Nurse	<b>Area/Dept:</b> SCH Emergency Department

## CHANGE SUMMARY

- Document due for review, replaces SCH Document Trauma Call Criteria [C.16.T.0 ]
- Insertion of PATCH referral pathway for patients from other hospitals.
- Trauma Call number updated to 2222.
- Updated hyperlinks.

## READ ACKNOWLEDGEMENT

- All SCH ED clinical staff (medical and nursing) and SCH Trauma Team members must read and acknowledge this document.

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## Trauma in the Emergency Department at Sydney Children's Hospital

Sydney Children's Hospital at Randwick (SCH) is one of three Paediatric Major Trauma Services in New South Wales. It provides comprehensive acute and chronic care for injured children and adolescents up to 16 years of age. In addition to providing clinical care the Trauma Service performs the roles of data collection, quality assurance, guideline development; research, educational and preventative activities related to childhood injury.

Children with injuries may present directly to the Emergency Department (ED) either with relatives or by ambulance sometimes bypassing other hospitals with the aim of transporting the child to a Paediatric Major Trauma Service. Many children seen in Emergency have initially been assessed and managed at other hospitals prior to them being transferred for ongoing care. Regardless of the manner in which a child with traumatic injury presents, it is important to follow a systematic approach to their assessment utilising the expertise and resources of the ED and hospital Trauma Team as appropriate. The Trauma Call System aims to streamline treatment of such patients.

### Triage and Trauma Team Activation

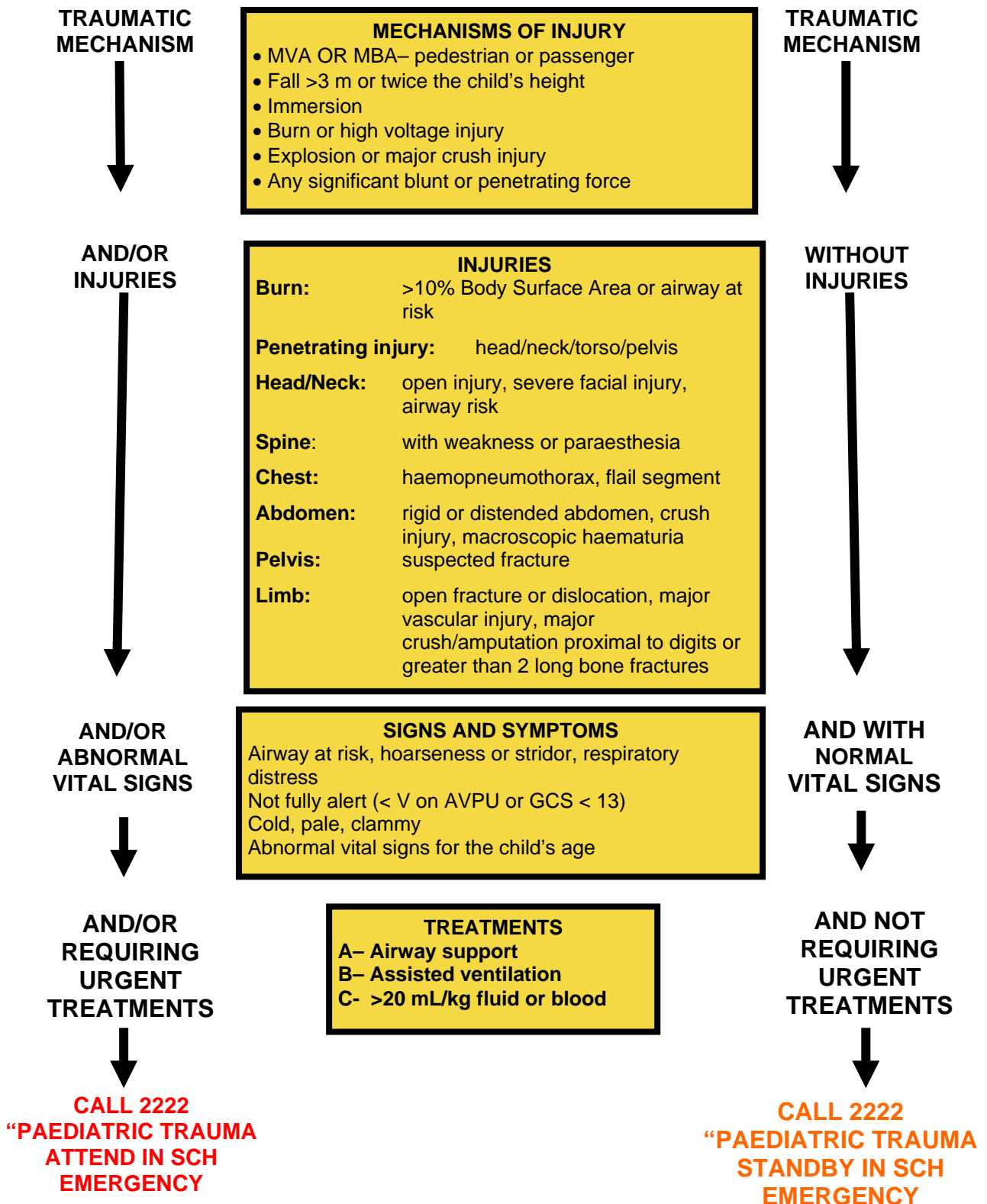
Seriously injured children presenting to the Emergency Department may be managed either by the Emergency Department staff alone or with the assistance of the hospital Paediatric Trauma Team notified by pager through the hospital switchboard.

The Trauma Call system is an efficient method of informing staff about the expected or actual arrival of a child with potentially serious injuries to enable early detection and management of these injuries.

Potentially seriously injured children presenting to the Emergency Department at Sydney Children's Hospital are triaged using a two tiered response system.

A trauma call, either **PAEDIATRIC TRAUMA STANDBY** or **PAEDIATRIC TRAUMA ATTEND** should be activated according to the algorithm below.

**SCH ED TRAUMA CALL CRITERIA**



Trauma Team must attend ED  
Contact ext. 21000 if unable

Trauma Team not required to attend.  
Surgical registrar to contact ED on ext. 21000

**Change from "STANDBY" to "ATTEND at any stage if required**  
**"A PAEDIATRIC TRAUMA ATTEND" call should be activated whenever experienced senior staff are not available to rapidly assess and manage children with potentially serious injuries in the Emergency Department**

## Paediatric Trauma Attend

This call should be activated when an injured child presents with either abnormal vital signs or has evidence of significant injuries or requires airway, breathing or circulatory support as per "[SCH ED Trauma Call Criteria](#)" above.

Calls should be activated prior to the patient's arrival if the information provided by the Ambulance Service via the "**Bat**" phone suggests the patient is likely to meet the criteria and the patient's arrival is imminent.

This call should also be activated when there are multiple children presenting with potentially serious injuries. It also should be used when experienced ED Staff are unable to promptly assess and manage any child with potentially serious injuries. There should be a low threshold to activate this call overnight when there are fewer ED medical staff who may be less experienced in managing Paediatric Trauma patients.

**Paediatric Trauma Calls** generally should be activated by the Nurse In Charge in discussion with the senior doctor in Emergency. Overnight the nursing Clinical Coordinator in ED can activate these calls in consultation with the ED registrar. The Paediatric Trauma Team is activated by calling switchboard on **2222** and stating that there is a "**PAEDIATRIC TRAUMA ATTEND IN SYDNEY CHILDREN'S HOSPITAL, EMERGENCY DEPARTMENT**".

On receiving this pager alert, **Paediatric Trauma Team** members are expected to attend ED promptly and assist with managing the injured child. Their role in the patient's management should be guided by the Team Leader with reference to the [Paediatric Trauma Team Roles](#) Guideline. If unable to attend or to arrange for a colleague to do so, Paediatric Trauma Team members should inform the senior doctor in ED on Ext 21000.

## Paediatric Trauma Standby

This is utilised to notify staff of the presentation of a child with a significant injury mechanism, but who is stable with non-life threatening injuries. The aim is to put staff on alert, but minimise interruptions to usual work for a child unlikely to need full trauma team attendance (see "SCH ED Trauma Call Criteria" above).

A Paediatric Trauma Standby call may also be used when stable injured children are transferred from other hospitals where assessment and treatment for their injuries has commenced. These patients should be promptly assessed by ED on arrival. If they meet Trauma Attend criteria or if ED staff require the Paediatric Trauma Team to assist with their management, a Paediatric Trauma Attend call should be activated.

Paediatric Trauma Standby Calls should be activated by the Nurse In Charge or the senior doctor in Emergency, with discussion between both parties. Calls are activated by contacting switchboard on **2222** and stating that there is a **PAEDIATRIC TRAUMA STANDBY IN SYDNEY CHILDREN'S HOSPITAL, EMERGENCY DEPARTMENT**.

On receiving a Paediatric Trauma Standby pager message, Paediatric Trauma Team members, other than the surgical registrar, are welcome but not expected to attend or contact ED. They will be specifically contacted if required.

On receiving a Paediatric Trauma Standby call, the surgical registrar is expected to respond within 15 minutes by either attending ED or calling the senior doctor in ED on Extension 21000 to determine whether and how soon they are required to attend to assist in management of the patient. Unless a Paediatric Emergency Fellow or Staff Specialist advises otherwise, the surgical registrar should review all patients for whom a Paediatric

Trauma Standby Call is activated particularly those between 11pm and 8am where generally there are less staff experienced in managing paediatric trauma available.

There should be a low threshold for changing a **PAEDIATRIC TRAUMA STANDBY** call to **PAEDIATRIC TRAUMA ATTEND** if at any stage the patient's condition changes, increased clinical resources are required or criteria are met on receipt of new information.

## Paediatric Trauma Team Members

The following staff make up the Paediatric Trauma Team and should attend ED promptly when a Paediatric Trauma Attend call is activated :-

ED Fellow or Staff Specialist	(ext. 21000 or pager when at home)
ED Junior Medical Staff	
ED Nursing Staff	
Surgical Registrar	(page 44685)
CICU Registrar	(page 44182 or ext. 21140)
CICU Access Nurse	(page 46665 or ext. 21143)
Anaesthetics Registrar	(page through switchboard)
Social Worker	(on call from home after hours)
Porter	(page 44177)
Paediatric Radiographer	(page 44565)
After-Hours Nurse Manager	(page 44103)
Admitting Officer/ After-hours Paediatric Registrar	(page 44104)
After Hours Paediatric Ward RMO	(page 44113)
After Hours Paediatric Ward Junior Registrar	(page 44137)

The following additional staff are also notified by pager of a Trauma Call but not expected to attend. They should be individually contacted if their assistance is required.

- ED Fellows and Senior Medical Staff
- ED Nursing Unit Manager and Nurse Educators
- CICU Nursing Unit Manager or Nurse in Charge
- Director of Trauma
- Trauma Clinical Nurse Consultant - In Hours (page 45069)
- Trauma Clinical Nurse Specialist – In Hours (page 45486)
- Chief RMO (page 44112)

**The General Paediatric Surgeon on call should be informed early either by the surgical registrar or ED senior medical staff if the patient is likely to require urgent senior surgical review.**

- Penetrating Injury to the head, neck, torso or abdomen (i.e. gun shot, stabbing, other object)
- Blast Injuries
- Multiple severely injured patients
- Patients requiring blood resuscitation en route to hospital
- Patients being transferred requiring urgent CT, radiological intervention or surgery
- Patients with Intra-abdominal free fluid on FAST scan.

If urgent subspecialty surgical or radiology involvement is required, the appropriate registrar should be contacted as soon as practical through the switchboard (e.g. Neurosurgical, Orthopaedics, ENT, Plastics, Ophthalmology, Radiology).

## **Referral of Trauma Patients to Sydney Children's Hospital**

Injured children are referred to Sydney Children's Hospital ED or CICU from metropolitan, regional and rural hospitals at various stages of assessment or management.

Generally children less than 16 years of age referred following major trauma should be accepted for transfer to Sydney Children's Hospital.

For transfers from other hospitals, the Paediatric Acute Trauma Care Hotline (PATCH) should be contacted on (02) 93821000 for clinical advice and to accept the patient. The PATCH number will connect the referring hospital clinician with the ED staff specialist of the day.

Decisions about transport of the patient should be discussed with the ED doctor in charge during the PATCH call. Where there are concerns about the patient's needs during transport, NETS should be consulted on 1300 362 499. Where NETS is engaged to assist in decisions about management of the child including transport, the paediatric surgeon, the surgical registrar and the doctor in charge of ED should be involved in the teleconference.

The ED doctor in charge should also notify CICU and any subspecialty service about any patient potentially requiring their care.

## **Code Brown**

In the case of expected multiple casualties with the potential to overwhelm the capacity of the Emergency Department consider activating a CODE BROWN (External Emergency). The Staff Specialist in charge or on call for ED and the nursing Clinical Coordinator should be involved in making this decision. This call should be activated through the switchboard who will contact the Health Functional Area Coordinator. The response involves the entire hospital campus as well as Emergency Services and is coordinated outside the Emergency Department.

## Admission of Trauma Patients To Hospital

All children for whom a **Paediatric Trauma Attend** call has been activated and who require hospital admission should be admitted primarily under the care of the General Paediatric Surgeon on call who will coordinate care in consultation with subspecialty teams as required.

All children admitted to CICU will be primarily under the care of the Intensivist of the week with General Paediatric Surgical and sub speciality team management.

For patients requiring admission in whom a **Paediatric Trauma Standby** call has been activated, the admitting doctor may be the General Surgeon on call or another specialist. It is the responsibility of the surgical registrar involved in the initial call to ensure a tertiary survey is performed and documented in the notes of each of these children.

## Related Documents

- [Traumatic Injuries: Initial ED Management of an Injured Child - SCH](#)
- [Trauma: Team Roles - ED - SCH](#)
- [Cervical Spine \(suspected\) Injury \(Paediatric\): Patient Management](#)
- [Massive Transfusion Protocol \(MTP\) - Paediatric](#)



## References

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7. Rainer, T. & de Villiers Smit, P. Trauma Systems & Emergency Medicine. *Emergency Medicine* 2003; 15:11-17.
8. Wong, K. & Petchell, J. Paediatric trauma teams in Australia. *ANZ J. Surg.* 2004; 74: 992–996
9. Reference was also made to Trauma related guidelines and protocols of other health services including those of the John Hunter Hospital, The Children's Hospital at Westmead, The Royal Children's Hospital, Melbourne; St George Hospital, Kogarah and the Ambulance Service of New South Wales.

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