



Two Tiered Trauma Call Criteria

TRIAGE CATEGORIES

TIER I Response – Full Trauma Call

(Medical attendance by ED, Trauma Surgery, Anaesthesia & ICU)

Physiology:

- HR < 50 or > 130 beats/min
- BP < 90 mmHg
- RR < 10 or > 30 breaths/min
- SpO2 < 90%
- GCS ≤ 9

Airway compromise or threat

Prehospital arrest, blood or inotropes

Prehospital tourniquet or limb amputation (prox. to wrist or ankle)

ATTENDANCE / TRAUMA CALL PERSONNEL

Team leader – ED Physician Surgical leader – Trauma Surgeon

Tier I	Tier II
Medical - ED Physician & team - Trauma Surgeon & team - Duty Anaesthetist / delegate - ICU Senior Registrar / delegate	Medical - ED Physician & team - Trauma Surgeon & team
Nursing - ED Nursing team - Trauma Case Manager - Trauma Programme Manager	Nursing - ED Nursing team
Radiographer	Radiographer
ED ward clerk	ED ward clerk

Automatic Notification of the Trauma Call is sent to the following, in addition to those listed above:

- Transfusion Medicine
- Operating Theatres
- General Surgery ASU Registrar
- Trauma Registry
- Trauma Unit Nursing Shift Coordinator & NUM

The Trauma Surgeon will facilitate the referral to other surgical services

TIER II Response

(Medical attendance by Emergency Medicine & Trauma Surgery)

GCS 10 – 13 and/or prehospital LOC

Positive FAST prehospital (haemodynamically stable)

Pregnant patients with direct abdominal injuries, and/or ≥ 20 weeks gestation

Injuries:

- Interhospital major trauma transfers
- Burns: with > 10% or airway injury
- Suspected spinal cord injury
- Suspected pelvic fracture
- Mangled limb(s)
- Limb fractures: with major open wounds, vascular compromise, and/or ≥ 2 bones
- Chest wall injury: prehospital decompression, suspected ≥ 3 ribs, and/or flail segment
- Multiple body regions injured

Mechanism

- Fall ≥ 3m
- Crush / entrapment with concern for reperfusion
- MVC > 60kph, with: fatality at the scene, rollover, ejection, or other major concern
- Motorbike, E-rideable and Bicycle crashes > 30 kph
- Pedestrian struck by vehicle
- Gunshot and missile injuries
- All penetrating injuries to the neck and torso
- Explosions
- Major animal related mechanisms: Horse & Kangaroo kicks, Livestock crush, etc.
- Major abdominal blunt force injury: seat belt and handlebar type injuries, major crush, etc.

Special considerations

A lower threshold for Trauma Call activation is appropriate for

- Pregnant patients
- Multiple patient situations (≥ 3 simultaneous arrivals)
- Age ≥ 65 years
- Patient comorbidities, including anticoagulation therapy

MASS CASUALTY

In the situation where events will overwhelm hospital services, please refer to the Disaster and Mass Casualty plans.

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