

Monroe Carell Jr. Children's Hospital at Vanderbilt Trauma Program

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There are 316 program and staffing requirements for Level I PTC

The American College of Surgeons Committee on Trauma was developed to improve the care of the injured and critically ill by validating the presence of necessary resources to provide optimal care, measuring patient outcomes, and promoting best practice.

We are 1 of 61 Level I PTCs in the country

We are 1 of the only 2 Trauma Centers in the state

1st verified in 2016 (reverify every 3yrs)

What's this mean

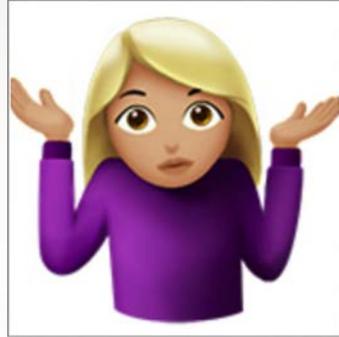
24/7 Pediatric Trained Coverage

- *Anesthesia
- *Critical Care
- *Emergency Medicine
- *Surgery
- *Orthopaedics
- *Neurosurgery

Programs

- *Quality Improvement
- *Education
- *Outreach
- *Injury Prevention
- *Research
- *Advocacy

EMS PRE-ARRIVAL REPORT



Why is it important?

It gets the right people at the bedside by the time the patient arrives



If possible, an EMS report 15-20 minutes prior to arrival helps both things happen



It determines who those people are based on our trauma activation criteria

**Level I
Activations**

Any intubated
patient

Unstable
airway

Respiratory
distress

Hypotension

CPR

Blood
transfusion en
route

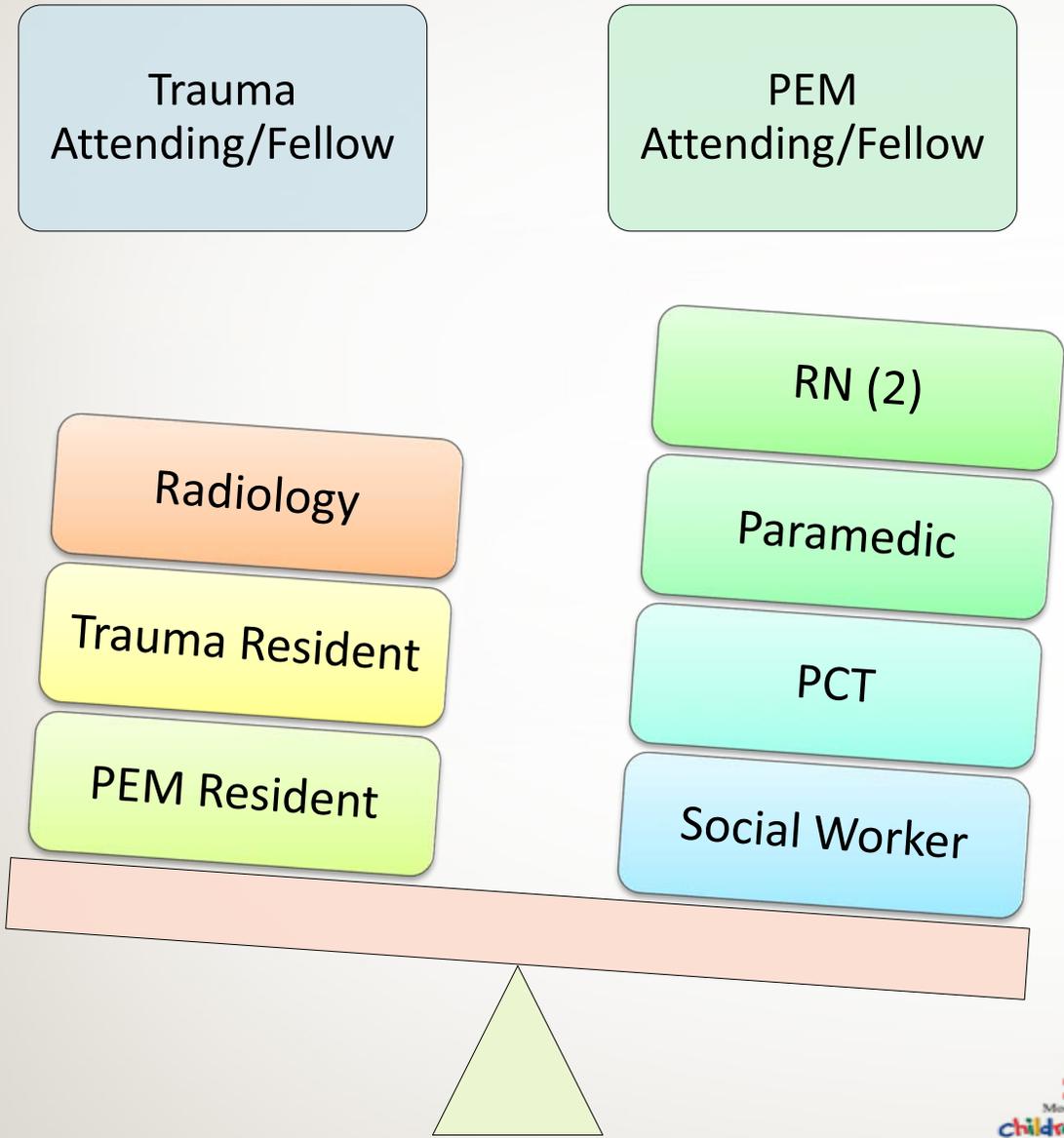
Significant
blood loss

Penetrating
injury (head,
neck, torso)

Limb
threatening
injuries

GCS ≤ 8 or
AVPU \leq "P"

Paralysis or
Quadriplegia



Level II Activations



- Sub-Q emphysema of chest and above
- Controlled arterial bleeding
- ≥femur/humerus fxs
- Pelvic or femur fx with significant mechanism
- Amputation, degloving, crush injury distal wrist/ankle



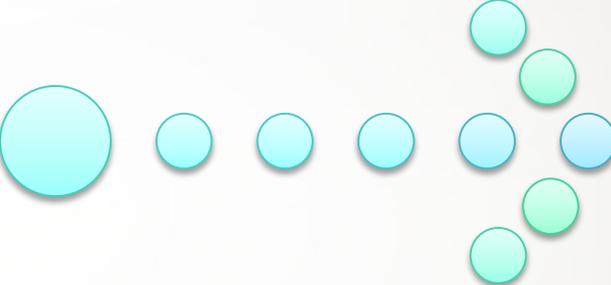
- Penetrating injury to extremity
- GCS 9-13 or "V"
- Open or depressed skull fx
- Closed head injury with LOC or sz activity
- Abdominal or chest wall bruising



- Abdominal pain/tenderness
- MVC with rollover, ejection, or death
- MCC ATV with rollover or ejection
- Fall ≥2nd story
- Struck, dragged or run over by a vehicle



Trauma Senior Resident or Trauma Fellow, Trauma Junior Resident, PEM Attending/Fellow, PEM Resident, RN (2) or RN (1) with Paramedic (1), PCT, RT





What do we need to know in EMS report



Mechanism:

- * MVC: ejection, rollover, high rate of speed, death at scene
- * ATV: ejection, rollover
- * Pedestrian/bike vs vehicle: struck, run over, drug
- * Fall: distance
- * Penetrating: where and with what



Vital Signs and mental status:

- * HR, RR, SpO2, BP (hypotension- SBP <70 + (2 x age in yrs)
- * GCS or AVPU
- * Weight (kg)



Assessment:

- * Noted injuries and brief description
- * Airway and respiratory effort
- * Any uncontrolled bleeding or significant blood loss



Interventions:

- * Airway interventions
- * Access
- * Medications, fluids, and blood product administration
- * Tourniquet, CPR



QUESTIONS???

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