

Vanderbilt Trauma/Emergency Medicine Trauma Response by Activation Level

	Level I	Level II	Level III/Trauma Consult
Personnel Response	Full team <ul style="list-style-type: none"> • Trauma Attending • Trauma Senior • Trauma Junior • EM Attending • EM R2/3 Airway • Primary Nurse • Secondary Nurse/Medic • PCT • Scribe • Respiratory Therapist • Radiology Tech 	Full team without trauma attending <ul style="list-style-type: none"> • Trauma Senior • Trauma Junior • EM Attending • EM R2/3 Airway • Primary Nurse • Secondary Nurse/Medic • PCT • Scribe • Respiratory Therapist • Radiology Tech 	Standard ED response; consult Trauma Service as needed
Response time for team	Prior to patient arrival	Prior to patient arrival	ED Discretion
Response time for Trauma Attending	15 Minutes from patient arrival	2 Hours from patient arrival	6 Hours from patient arrival
Team Prebrief?	Yes	Yes	ED Discretion
Video Recording?	Yes	Yes	ED Discretion
Team members wear PPE?	Yes	Yes	No*
Sequential/Standard Management Flow?	Yes	Yes	ED Discretion
Patient Pregnant > 24 weeks?	Simultaneous OBET Alert	Simultaneous OBET Alert	Simultaneous OBET Alert
Use of Stat Name?	Yes	Yes for scene patients** No for interhospital transfers	
Room Assignment***	A-Pod Trauma Bay	A-Pod Trauma Bay strongly preferred A Pod room recommended	ED Discretion
Use of Trauma Flow Sheet?	Yes; on ALL Trauma Patients	Yes; on ALL Trauma Patients	Yes; on ALL Trauma Patients
FAST Exam	Per Trauma staff; as clinically indicated	Per Emergency Medicine staff; as clinically indicated***	ED Discretion

* staff may always elect to wear PPE at any time even if it isn't mandated for the specific resuscitation

**unless patient is already pre-registered

***every effort should be made NOT to put these patients on the Bpod; especially undifferentiated (scene Level II's)

Patient Prioritization CT

Level I and Level II patients have the same priority ie: meaning as quickly as possible.

CT Scanning of Females of Child Bearing Age

Every effort should be made to consent the patient if it is known they are pregnant, otherwise CT scans should be obtained with a standard disclaimer placed into the patient's chart by the Trauma and/or ED Attending.

Level II Considerations

- When patients require upgrading a call should be placed to Flightcomm asking that a page be sent out asap. The Trauma Attending can/may also be notified via phone.
- Prioritization of CT Scanning shall be determined by the Trauma and/or ED Attending

Trauma Attending Mobile Phone
Number 615-480-1149

Level III Considerations

Patients with documented injuries on outside hospital studies that have been confirmed by the ED attending and require inpatient care do not need a formal Trauma Surgery Consult prior to initiating the bed request process. such circumstances, the ED attending or their designee will page the Trauma Chief Resident, provide a brief report of the pertinent injuries and hemodynamic stability of the patient, and a Trauma Bed Request will be placed.