

**Emergency Department Trauma Team (EDTT) activation**

**Concerning mechanism of injury with normal physiology and no concerning injuries.**



Concerning Mechanism of Injury (EDTT)	
Fall	>3m (or 2x patient's own height) Fall of ladder >1 m
Large animal incident	Collision, fall, trampled
RTC	Death in same vehicle Ejection /Explosion Significant intrusion Intrusion with compression Damage to A post of vehicle Prolonged extrication (>30 min) Motorcyclist >30 KPH Cyclist > 30 KPH Any pedestrian vs. vehicle Bullseye windscreen High speed RTC (>60 KPH) /Same vehicle rollover
Electrocution	High voltage electrocution
Other	Any rapid deceleration incident Available information consistent with high risk of injury Focal blunt trauma to head or torso

Physiology (EDTT )	
SpO2	≥ 90%
Respiratory Rate	10 to 29
Heart Rate	50 - 120 BPM
Systolic Blood Pressure	≥ 90 mmHg
Glasgow Coma Scale	>13

**Trauma Team Activation**

Following the pre-alert from NEOC, depending on information ED CNM2 & the senior clinician on the floor will decide which team to be activated.

**ED TT(ED Trauma Team)**

- Consultant/Snr Registrar in Emergency Medicine (TTL/Airway)
- EM DITx2 (Circulation [Primary survey] & Procedures)
- Trauma ANP
- ED Nurse X2 ( Scribe & Airway)
- ED Nurse x2 (Circulation & Procedure)
- ED Radiographer
- ED HCA
- ED Porter
- ED Administration staff

**HTT (Hospital Trauma Team)**

SHO in the EDTT will alert the HTT

- EDTT
- ICU Registrar
- Surgical Registrar
- Orthopaedic Registrar
- Trauma Coordinator
- Radiology Registrar\*
- Anaesthetic registrar\*
- Blood bank\*
- Bed management\*

\*Not required to be present in the resuscitation room in person.

TTL- Consultant in EM	0871612621
EM SpR/Registrar	0874060311
ED CNM 2	0867872227
ED HCA	0870535813
ED Porter	0874065008