

Sample Level 4 Trauma Admission Guideline

Purpose

Trauma patients who are admitted to this facility require oversight provided by physicians trained in managing not only their specific injury, but who are also skilled in assessing and monitoring trauma patients for internal bleeding, neurological deterioration, threatened limb and other occult injuries.

Trauma patients who are admitted to this facility also require active monitoring provided by registered nurses trained to observe and assess trauma patients for complications associated with their particular injuries.

Guideline

Patients admitted for the following purposes are not considered trauma patients and are not addressed by this guideline:

- For control of pain only, following a thorough trauma work-up that ruled out other injuries other than contusions, abrasions or lacerations
- To care for a medical condition co-occurring with an injury for which the patient would not have otherwise been admitted
- For palliative care
- For physical or occupational therapy
- While awaiting evaluation or placement for a living situation

Patients with conditions listed in the Trauma Transfer Guideline as requiring immediate transfer should not be considered for admission at this facility.

Trauma patients with the following conditions may be considered for admission provided that, in the event of deterioration requiring transfer, the patient will arrive at the referring hospital within 120 minutes of discovering the deterioration:

- Concussion
- Localized subarachnoid hemorrhage or other localized intracranial hemorrhage < 8mm, a GCS motor score of 6 and not taking an anti-coagulant or anti-platelet medication
- Diminished level of consciousness attributed to a non-traumatic cause
- Thoracic or lumbar transverse or spinous process fracture
- Other acute spinal fracture after consultation with a spine surgeon

- Orthopaedic injury following a thorough trauma work-up that ruled out injuries to another major organ system (i.e., circulatory, nervous or respiratory)
- Rib fractures
- Sternum fracture or scapula fracture
- Unilateral pulmonary contusion without the need for oxygen to maintain SpO₂ > 90%
- Three or more rib fractures, or sternum fracture, or scapula fracture after consultation with a trauma-trained general surgeon
- Pneumothorax
- Patients who have undergone an emergent surgical procedure as part of the resuscitation

A general surgeon must assess patients with a pneumothorax requiring a thoracostomy, pulmonary contusion, three or more rib fractures, sternum fracture, or scapula fracture within 18 hours.

Patients that are admitted because they refuse to be transferred must be fully informed of the consequences that may result from refusing transfer. The attending physician must enter a detailed note in the medical record delineating the conversation and indicating the patient's complete understanding of the possible consequences.

A low threshold for transferring a patient to a higher level trauma hospital should be assumed:

- With patients who experienced a high-energy mechanism of injury.
- With patients over 65 years of age due to their higher risk of serious injury from low-energy mechanisms and the higher risk of complications and deterioration due to co-morbid conditions.
- With patients taking anticoagulant medications or those at high risk of occult bleeding.
- With patients diagnosed with multiple rib fractures or other injuries likely to compromise ventilation.

A general surgeon should be consulted immediately when a trauma patient who has experienced a high-energy mechanism of injury, is over 65 years of age or is taking anti-coagulant medication is considered for admission.

Trauma patients are typically admitted to the Medicine service with consultations provided by an appropriate surgeon. Consultations by surgeons should be accomplished as soon as reasonably possible and in accordance with this guideline. Patients with co-morbid conditions should receive consults from appropriate specialists.

Surgical subspecialists, such as orthopedic surgeons and neurosurgeons, may provide their consultations remotely. General surgeons must provide their consultation at the bedside.

Trauma patients may be admitted only to patient care areas where nursing staff have completed trauma training relating to the patient's condition.

Procedure

Emergency Department Provider

- Perform a complete trauma assessment.
- Obtain appropriate consultations.
- Confirm that the patient does not have a condition that precludes admission to this facility.
- Determine if the patient is at high risk for deterioration, has experienced a high-energy mechanism of injury, is over 65 years of age, is taking anti-coagulant medication or is at high risk for hemorrhage. If so, transfer the patient to a higher level trauma hospital or consult the general surgeon before admitting the patient.
- If indicated, admit the patient to [INSERT PATIENT CARE AREAS WHERE NURSES HAVE COMPLETED TRAUMA EDUCATION]. Write admission orders.
- If the patient refuses to be transferred, inform the patient of the risks and possible consequences of refusing transfer and the resource limitations of this facility. Document the conversation in the medical record.

General Surgeon

- Respond to the emergency department within 30 minutes and evaluate the trauma patient.
- If the patient has experienced a high-energy mechanism of injury, is over 65 years of age or is taking anti-coagulant medication and requires admission, consider transferring the patient to a higher-level trauma center or admit the patient to [INSERT PATIENT CARE AREAS WHERE NURSES HAVE COMPLETED TRAUMA EDUCATION]. Write admission orders.
- Obtain appropriate consultations.
- If the patient is to remain in the hospital for treatment of co-morbid conditions after concluding acute treatment for their traumatic injury, transfer care to the appropriate provider.

Surgical Subspecialist (Orthopaedic Surgeon, Neurosurgeon)

- Respond to the emergency department provider's request for a consultation within 60 minutes.
- Review imaging and recommend a course of action. Record a note in medical record.

Registered Nurse

- Monitor admitted trauma patients for signs of deterioration, such as:
 - Fluctuating or increasing heart rate
 - Fluctuating or decreasing blood pressure
 - Fluctuating or worsening level of consciousness or mental status
 - Increasing work of breathing, shortness of breath or tachypnea
 - Increasing agitation or anxiety
 - Diaphoresis, pallor
- If signs of deterioration are present, immediately notify the general surgeon on-call and prepare the patient to be transferred.

Related Policies

- Trauma Transfer Guideline