

# Trauma Services BC

## Provincial Trauma Team Activation

### Clinical Practice Standard

#### Purpose

The Provincial Trauma Team Activation standard provides the minimum requirements for Trauma Team Activation (TTA) for adult and pediatric patients with major traumatic injuries.

#### Need to Know

##### Background:

- The early recognition of major trauma is imperative to provide prompt and appropriate response to critically injured people in British Columbia. It has been identified consistently in the literature that the appropriate triage, trauma team response and utilization of resources within trauma systems are associated with improved rates of mortality (Petrie et al, 1996; Tignanelli et al, 2018; Georgiou et al, 2010).
- [The American College of Surgeons Committee on Trauma \(ACS-COT\) \(2014\)](#) states that the highest level of trauma team activation or response should occur within 15 min of the patient arriving at a lead trauma hospital (LTH).
- Trauma Team Activation criteria is required to be utilized by all emergency departments across all Tier levels (Tier 2-6) throughout British Columbia, in order to activate an organized, tier-appropriate response to the presentation of a major trauma patient.
- This standard references best practice and is supported by consensus from the Trauma Services BC (TSBC) in conjunction with all Provincial Regional Health Authorities. In addition, the standards adheres to the [American College of Surgeons Committee on Trauma Resources for Optimal Care for the Injured Patient 2014](#), and the Trauma Team Activation.
- The forces and energy involved within the Mechanism of Injury Criteria (MOI) is used to estimate the likelihood for significant injury which requires immediate intervention. The intention is that the use of MOI in conjunction with the Physiological and / or anatomical criteria reduces the occurrence of over triage.
- The use of physiologic criteria for TTA is intended to provide rapid identification of critically injured and unstable trauma patients. By assessing level of consciousness (Glasgow Coma Scale [GCS]), measuring vital signs (Systolic Blood Pressure [SBP], respiratory rate [RR]) and evaluating

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the necessity for immediate airway management or intervention allows clinicians to have a high level of predictability of injury severity in trauma patients.

- The use of physiologic criteria for the pediatric trauma patient is intended to ensure that the rapid identification of critically injured and unstable children occurs. Due to the unpredictable nature of children and their potential to decompensate rapidly it is critical to ensure the physiologic status of the pediatric trauma patient be a priority.
- The implementation of anatomical criteria to the assessment of seriously injured trauma patients is essential as certain trauma patients may present with normal or stable physiological criteria or vital signs but may still have a serious anatomical injury which requires further assessment and investigation.
- In the pediatric population, trauma patients may present with normal or stable vital signs but may still have a serious anatomical injury which requires further assessment and investigation.
- Special considerations refers to any specific criteria whereby patients who may not meet the major MOI, physiological and or anatomical criteria but still have sustained a traumatic injury. This is specifically relevant for older adults, or patients whom maybe anticoagulated and have multiple co-morbidities that may put them at a greater risk of injury. The criteria identified within this category is the minimum required and variability may exist within the regional health authorities.
- Similar to the adult population special considerations will be reliant upon the regional health authorities to determine. In lower tiered facilities there will be an element of over triage that occurs and the as the experience of clinicians caring for pediatric trauma patients will vary. In all circumstances it is recommended that critically injured children would be transferred to a higher level of care or to a pediatric specific lead trauma centre within their health authority where specialty services were available to provide definitive care.

## Standards

### Trauma Team Activation

The Trauma Team Activation standard provides the minimum criteria to initiate the highest level of response for the initial management of adult and pediatric major trauma patients.

The highest level of TTA response is required to occur for any patient who meets (assumed, suspected, or confirmed) the following criteria:

- An adult that has met the major mechanism of injury criteria within the last 24 hours with one or more of the physiological and /or anatomical criteria

- A child (<16 years of age) that has met the major trauma mechanism of injury criteria within the last 24 hours or any trauma mechanism with one or more physiological and / or anatomical criteria

For patients who meet trauma the TTA criteria must have a TTA initiated within 30 minutes of the patient's arrival into the emergency department.

**Higher level of care inter-facility transfers** of major trauma patients to ED do not mandate TTA unless they meet usual screening criteria for TTA in transit or upon arrival and are within 24 hrs of injury.

The TTA criteria needs to be utilized within local processes when pre-hospital notification is received that involves an injured patient or as soon as the patient arrives within the hospital.

## Trauma Team Composition

The trauma resuscitation team composition will vary across all RHA and within all trauma centre levels. A minimum coordinated response needs to be defined and should be aligned in accordance with the Tiers of Service service delivery expectation for the site. This may include:

- An ER team or;
- A multispecialty trauma team plus or minus specialist involvement and mobilization of supporting departments and services such as transfusion, interventional radiology and surgery.

In those hospitals with limited resources the TTA response allocation may function in a variable capacity and clinicians may assume a multitude of different roles.

## Organizational Standards

In order to implement and sustain the trauma team activation criteria, the criteria needs to be supported through operational processes, quality improvement and training infrastructure:

- The TTA criteria is to be incorporated into local operational processes including local roles and responsibilities to ensure accountability, implementation and sustainability.
- The TTA criteria should be made visible or easily accessible in key areas of the emergency department. Depending on the trauma center level the areas could include the trauma / resuscitation room and triage area.
- The TTA criteria needs to be imbedded into local educational and communication plans that are associated with clinicians who are involved directly or indirectly in the early management of trauma care.

## Documentation

In addition to this standard, the provincial [Trauma Nursing Assessment Form](#) (TNAR) or RHA equivalent should be used for CTAS level 1-3 major trauma patients. Documentation should occur in accordance with organizational and [BCCNM standards](#). All physician documentation should be completed on Regional or site specific physician assessment forms.

## Screening Tool

- The decision and the reason(s) to activate or not to activate the trauma team needs to be documented on a standardized tool for quality assurance and quality improvement.

Until digitally incorporated into an electronic health record, a hard copy of the TTA screening tool should be readily available to all nursing and physician personnel charged with initial ED assessment of major trauma patients. The tool is to be completed and conserved in the clinical record of all CTAS 1 and 2 patients presenting following acute injury to any Tier 2-6 hospital.

## Evaluation

TTA compliance evaluation is only meaningful if standardized clinical data are consistently collected across all trauma receiving facilities. The BC Trauma Registry is responsible for generating regular reports reflecting the overall performance of trauma team activations within BC.

TTA compliance is a widely adopted core performance indicator for trauma care quality it is one of 12 key performance metrics used by [Accreditation Canada's Trauma Distinction Program](#) of trauma system evaluation.

## Related Documents

[http://shop.healthcarebc.ca/phsa/BCWH\\_2/BC%20Children's%20Hospital/C-05-12-62166](http://shop.healthcarebc.ca/phsa/BCWH_2/BC%20Children's%20Hospital/C-05-12-62166)

<http://shop.healthcarebc.ca/vch/VCHDSTs/D-00-16-30077.pdf>

<http://medicalstaff.fraserhealth.ca/getattachment/b64ea420-9dfa-4e0d-b85f-f21c4a8c8e75/Trauma-Activations-and-Consults-May-2016.pdf.aspx/>

## Definitions

### TTA Criteria Met

Trauma team activation criteria is met when the requirements are assumed, suspected, or confirmed at any point while the patient is in the emergency department, regardless of later diagnostics or availability of details that prove otherwise.

### Major Mechanism Criteria

Mechanism	Definition	
<b>Fall ≥ 6m (20ft) (adults)</b>	Includes a confirmed fall ≥ 6m in distance. One story is equal to 3 metres.  Activation will be upon physician discretion if the distance of a fall is not confirmed to be ≥6m. The BC Trauma Registry will not consider major mechanism criteria to be met.	
<b>Fall ≥ 3m (10ft) (pediatrics)</b>	Includes a confirmed fall ≥ 3m in distance. One story is equal to 3 metres.  Activation will be upon physician discretion if the distance of a fall is not confirmed to be ≥3m. The BC Trauma Registry will not consider major mechanism criteria to be met.	
<b>Motor Vehicle Collision</b>	Includes incidents where the injured person is within a car, truck, SUV, van, bus, heavy transport truck, or agricultural or similar vehicle. Includes vehicles where expected use is on a roadway.  Motorcycles and motorized ride-on vehicles are categorized separately.	
	<b>Vehicle speed &gt;65 km/h</b>	Speed of >65 km/h applies to the speed of the injured person's motor vehicle and/or other vehicle that collides with the injured person's motor vehicle.
	<b>Vehicle intrusion including roof: &gt; 0.3 meters on occupant side or &gt; 0.5 meters any side.</b>	Intrusion refers to interior compartment intrusion, as opposed to deformation which refers to exterior damage.  Criteria is met if BCEHS has documented and/or given notice of vehicle intrusion of this degree. Vehicle intrusion of this degree is defined as a Major Mechanism – High Risk Automobile Crash in the BCEHS 2019 Pre-hospital Triage and Transport Guidelines for Adult and Pediatric Major Trauma in British Columbia.
	<b>Ejection from vehicle (partial or complete)</b>	Includes partial or complete ejection from a motor vehicle.

Mechanism	Definition	
	<b>Death in same passenger compartment</b>	Indicates that there was a death in the same passenger compartment, known upon arrival of the patient to the reporting hospital.
	<b>Roll over</b>	Includes a motor vehicle incident where the vehicle has overturned onto its roof (at a minimum).  Does not include 90° turn (tipped onto side) only.
<b>Motorcycle or ride-on vehicle collision</b>	Includes motorcycles and other motorized ride-on vehicles, including all-terrain vehicles (ATV), snowmobiles, dirt bikes, golf carts, other off-road vehicles, motorized scooters (e.g. Moped and higher cc), and similar.  Electric bicycles are categorized separately.	
	<b>Vehicle speed &gt;30 km/h</b>	Speed of >30 km/h applies to the speed of the injured person's motorcycle or ride-on vehicle and/or other vehicle that collides with the injured persons motorcycle or ride-on vehicle.
	<b>Ejection/separation from vehicle &gt;3m (10ft)</b>	Includes ejection/separation from a motorcycle or ride-on vehicle >3m (10ft).
<b>Pedestrian, pedestrian conveyance or bicyclist struck/collision</b>	Includes pedestrians (on foot or using a pedestrian conveyance), a person riding or in contact with an animal, and bicyclists using any type of bicycle.  A pedestrian is any person who is traveling on foot or a user of a pedestrian conveyance. Pedestrian conveyances include strollers, motorized mobility scooter, wheelchair (any), skateboard, roller-skates, scooter (non-motorized), e-scooter, skis, snowboards, sleds and similar conveyances.  Includes large animals only (e.g. horse or bull). Animal drawn vehicles (e.g. dog sled, horse drawn carriage) not included.  Bicycles includes electric bicycles.	
	<b>Vehicle speed &gt;30 km/h</b>	Speed of >30 km/h applies to the vehicle that struck a pedestrian or bicyclist and/or the speed of the injured person's conveyance or bicycle.
	<b>Fixed object with significant momentum</b>	Includes high velocity and/or high-speed impact with a fixed object, such as a tree, lamppost, car door or ground.

<b>Mechanism</b>	<b>Definition</b>	
		<p>Includes being struck by a large animal with force (e.g. kicked by a horse or bull).</p> <p>Includes impact with the ground with significant momentum. Examples of applicable scenarios are a downhill skier who fell into the snow while skiing at high speed, a horseback rider who fell while traveling at high speed, or a bicyclist who fell while turning a corner at high speed.</p>
	<b>Thrown &gt;3m (10ft)</b>	<p>Includes a pedestrian or cyclist who was struck by a vehicle and thrown &gt;3m.</p> <p>Includes person being thrown off of a large animal &gt;3m.</p>
	<b>Run over</b>	<p>Includes a pedestrian or bicyclist run over by a motor vehicle, motorcycle or ride-on vehicle (as defined in this guideline).</p> <p>Includes being crushed or run-over by a large animal.</p> <p>Excludes being run over by a manual or electric pedestrian conveyance or bicycle.</p> <p>Excludes pediatric patients with isolated injury distal to the wrist and/or ankle with this mechanism alone (i.e. no anatomical, physiological or other major mechanism).</p>
<b>Penetrating injury (i.e. firearm or stabbing)</b>	<p>Includes firearm, stabbing and impalement. Includes both unintentional and intentional mechanisms.</p> <p>Excludes swallowed foreign bodies that penetrate internal tissue (e.g. swallowed bone).</p>	
<b>Blasts and/or explosions</b>	<p>Excludes fireworks and firecrackers.</p>	
<b>Significant assault (adult)</b>	<p>Includes assaults described as significant, major or with similar terminology.</p> <p>Data collection note: Where an adult has anatomical and/or physiological signs and the mechanism is assault, the criteria for “significant assault” is met.</p>	
<b>Significant assault involving more than</b>	<p>Includes significant assault or child mistreatment involving more than one of the following regions:</p>	

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<b>Mechanism</b>	<b>Definition</b>
<b>one system (pediatric)</b>	<ul style="list-style-type: none"> <li>• Head/Neck (including face)</li> <li>• Chest</li> <li>• Abdomen</li> <li>• Long Bones</li> </ul>
<b>Any suspected abusive head trauma (pediatric)</b>	Includes all suspected abusive or child mistreatment related head injury. Not limited to confirmed brain injury.

### Physiological Criteria

<b>Physiological</b>	<b>Definition</b>
<b>Respiratory distress, hypoxia or a need for airway control/intubation</b>	<p>Includes evidence of increased work of breathing, tachypnea, accessory muscle use, hypoxia and/or cyanosis. Airway control includes bagging and supraglottic airways (e.g. KingLT, LMA, iGel), intubation and ventilator support.</p> <p>Hypoxia is defined as an oxygen saturation &lt;92% or where hypoxia has been documented. Use of a non-rebreather mask in the absence of evidence or documentation of hypoxia does not meet criteria.</p>
<b>Signs of poor perfusion (pediatrics)</b>	Data collection note: Signs of poor perfusion include delayed capillary refill and mottled extremities. Clinical confirmation is required when these signs are present without specific documentation of poor perfusion.
<b>Vitals</b>	<p>Physiological criteria is met when any vital sign is within the activation range at any point in the emergency department.</p> <p>Data collection note: A clinical review may identify where a vital sign was in activation due to a non-injury cause (e.g. due to sedation, medication or comorbid condition), at which point the criteria data can be changed.</p>



## Anatomical Criteria

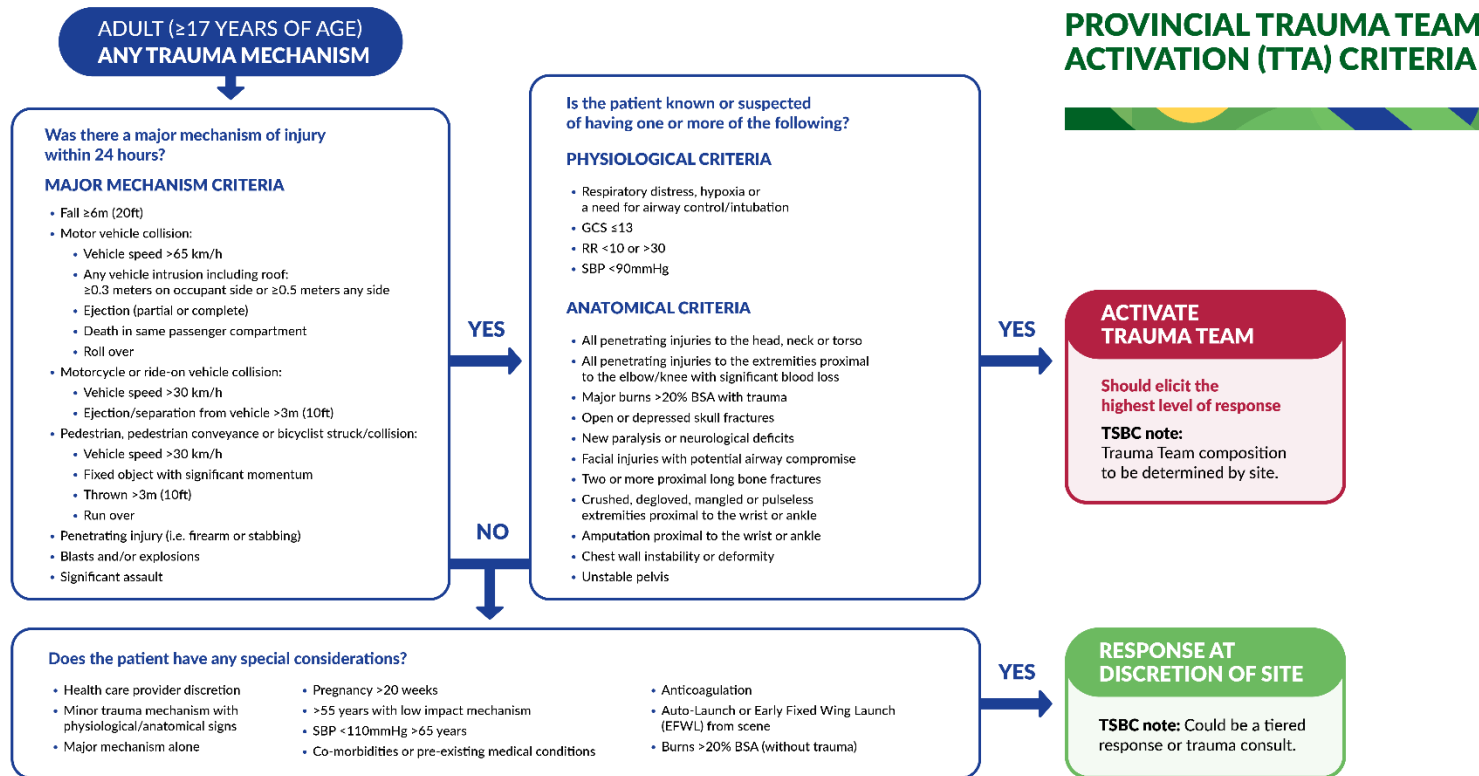
Anatomical	Definition
<b>All penetrating injuries to the head, neck or torso</b>	Includes penetrating injuries to the head, face, neck and torso, which includes junctional regions (e.g. groin) and buttocks.
<b>All penetrating injuries to the extremities proximal to the elbow/knee with significant blood loss</b>	Includes penetrating injuries to the extremities proximal to the elbow/knee with blood loss that is described as significant, massive, major, or with similar terminology.
<b>Major burns &gt;20% with trauma (adult)</b>	Major burns >20% TBSA with any trauma caused by a major mechanism (as defined in this guideline).
<b>Major burns &gt;20% (pediatric)</b>	Major burns >20% TBSA with or without trauma.
<b>Open or depressed skull fractures</b>	Open or depressed skull fracture.
<b>New paralysis or neurological deficits</b>	A new paralysis or neurological deficit suspected to be due to traumatic cord syndrome.
<b>Facial injuries with potential airway compromise</b>	Any facial injury where there is an anticipated need for pre-emptive airway control. Includes signs of potential obstruction/occlusion of the airway and/or a need for continuous suction.
<b>Two or more proximal long bone fractures</b>	Includes fractures of femur and humerus only.  Must involve fracture(s) of at least two separate bones (i.e. bilateral femur fractures, bilateral humeral fractures, or humerus fracture with femur fracture). Excludes multiple fractures of a single long bone only.
<b>Crushed, degloved, mangled or pulseless extremities proximal to the wrist or ankle</b>	Pulseless dorsalis pedis alone does not indicate a pulseless extremity proximal to the ankle.
<b>Amputation proximal to the wrist or ankle</b>	Partial or complete amputation proximal to the wrist or ankle.
<b>Chest wall instability or deformity</b>	Instability or deformity of the chest wall (e.g. flail chest and/or sternal flail).
<b>Unstable pelvis</b>	Data collection: Use of a pelvic binder in the absence of a working or confirmed diagnosis does not indicate an unstable pelvic fracture.

## References

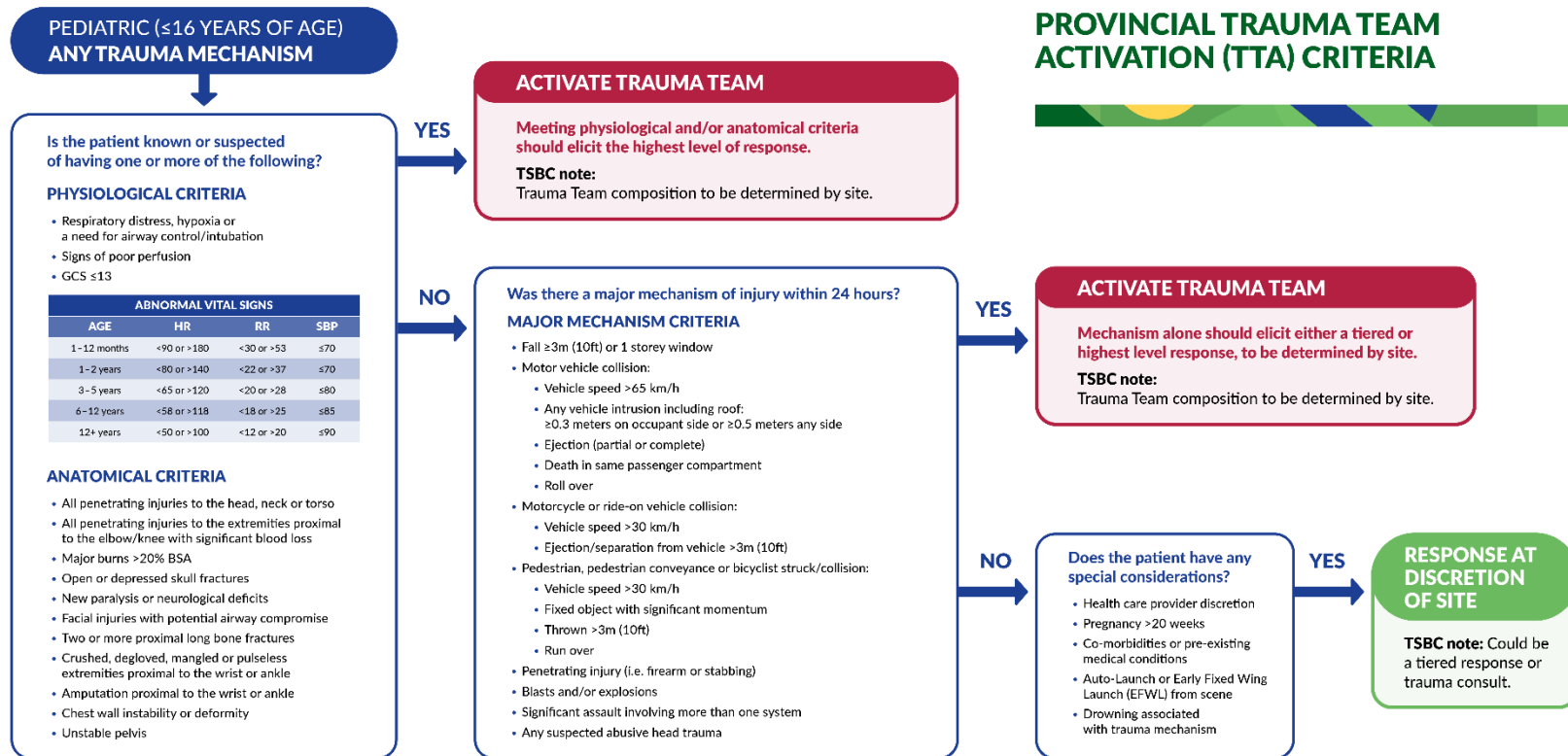
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**Appendix A: Provincial Trauma Team Activation-Adult**



**Appendix B: Provincial Trauma Team Activation-Pediatric**



**PROVINCIAL TRAUMA TEAM ACTIVATION (TTA) CRITERIA**



**Appendix C: Provincial Trauma Team Activation Screening Tool-Adult**



**TRAUMA SERVICES BC**  
Provincial Health  
Services Authority

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**PROVINCIAL TRAUMA TEAM ACTIVATION  
ADULT (≥17 YEARS OF AGE)**

<b>Date:</b>	<b>Time:</b>	<b>ETA:</b>	<b>Call taker:</b>
<b>Coming from:</b> <input type="checkbox"/> Scene <input type="checkbox"/> Facility:		<b>Via:</b> <input type="checkbox"/> EHS <input type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Private Vehicle	
<b>Accepted by:</b>			<input type="checkbox"/> EP2C
<b>A</b>	Patient name:	PHN:	PTN #:
	DOB:	Age:	Gender:
	Receiving Service / Dept.:	Chief complaint:	
<b>T</b>	Time of incident / onset:		
<b>M</b>	Mechanism of injury / medical complaint:		
<b>I</b>	Injuries / medical findings / signs / symptoms:		
<b>S</b>	Massive bleeding? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Signs / symptoms: HR:   RR:   BP: /   SpO2:   GCS:   E:   V:   M:   CBGM:		
<b>T</b>	Treatment given:		
	IV fluids:		
	Medications given:		
	<input type="checkbox"/> iGel <input type="checkbox"/> Tourniquet <input type="checkbox"/> Pelvic binder <input type="checkbox"/> BVM <input type="checkbox"/> TXA <input type="checkbox"/> Intubated <input type="checkbox"/> Blood prod:		
Other:			
<b>A</b>	Allergies:		
<b>M</b>	Medication:		
<b>B</b>	Background history:		
<b>O</b>	Other:		
<b>Trauma Team Activation criteria met? (See reverse)   <input type="checkbox"/> Yes   <input type="checkbox"/> No</b>			
*Reminder: One activation to be called for each patient meeting criteria			
<input type="checkbox"/> TTA activated <input type="checkbox"/> by Charge Nurse <input type="checkbox"/> by EP		On call trauma surgeon called back <input type="checkbox"/> Yes <input type="checkbox"/> No	

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## PROVINCIAL TRAUMA TEAM ACTIVATION



**TRAUMA SERVICES BC**  
Provincial Health Services Authority

**ADULT (≥17 YEARS OF AGE) – ANY TRAUMA MECHANISM**

Was there a major mechanism of injury within 24 hours?

**MAJOR MECHANISM CRITERIA**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Fall ≥6m (20ft)  | <input type="checkbox"/> Motorcycle or ride-on vehicle collision:                         | <input type="checkbox"/> Penetrating injury (i.e. firearm or stabbing) |
| <input type="checkbox"/> Motor vehicle collision:   | <input type="checkbox"/> Vehicle speed >30 km/h   | <input type="checkbox"/> Blasts and/or explosions                      |
| <input type="checkbox"/> Vehicle speed >65 km/h   | <input type="checkbox"/> Ejection/separation from vehicle >3m (10ft)                      | <input type="checkbox"/> Significant assault                           |
| <input type="checkbox"/> Any vehicle intrusion including roof: ≥0.3 meters on occupant side or ≥0.5 meters any side | <input type="checkbox"/> Pedestrian, pedestrian conveyance or bicyclist struck/collision: |  |
| <input type="checkbox"/> Ejection (partial or complete)   | <input type="checkbox"/> Vehicle speed >30 km/h   |  |
| <input type="checkbox"/> Death in same passenger compartment  | <input type="checkbox"/> Fixed object with significant momentum                           |  |
| <input type="checkbox"/> Roll over  | <input type="checkbox"/> Thrown >3m (10ft)  |  |
|   | <input type="checkbox"/> Run over   |  |

**YES**

**NO**

Is the patient known or suspected of having one or more of the following?

**PHYSIOLOGICAL CRITERIA**

- Respiratory distress, hypoxia or a need for airway control/intubation
- GCS ≤13
- RR <10 or >30
- SBP <90mmHg

**ANATOMICAL CRITERIA**

- All penetrating injuries to the head, neck or torso
- All penetrating injuries to the extremities proximal to the elbow/knee with significant blood loss
- Major burns >20% BSA with trauma
- Open or depressed skull fractures
- New paralysis or neurological deficits
- Facial injuries with potential airway compromise
- Two or more proximal long bone fractures
- Crushed, degloved, mangled or pulseless extremities proximal to the wrist or ankle
- Amputation proximal to the wrist or ankle
- Chest wall instability or deformity
- Unstable pelvis

**NO**

Does the patient have any special considerations?

- Health care provider discretion
- Minor trauma mechanism with physiological/anatomical signs
- Major mechanism alone
- Pregnancy >20 weeks
- >55 years with low impact mechanism
- SBP <110mmHg >65 years
- Co-morbidities or pre-existing medical conditions
- Anticoagulation
- Auto-Launch or Early Fixed Wing Launch (EFWL) from scene
- Burns >20% BSA (without trauma)

**YES**

**RESPONSE AT DISCRETION OF SITE**

Notes:

**YES**

**ACTIVATE TRAUMA TEAM**

Notes:

**DID NOT ACTIVATE**

Specify reason:

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**Appendix D: Provincial Trauma Team Activation Screening Tool-Pediatric**



**TRAUMA SERVICES BC**  
Provincial Health  
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**PROVINCIAL TRAUMA TEAM ACTIVATION  
PEDIATRIC (≤16 YEARS OF AGE)**

<b>Date:</b>	<b>Time:</b>	<b>ETA:</b>	<b>Call taker:</b>
<b>Coming from:</b> <input type="checkbox"/> Scene <input type="checkbox"/> Facility:		<b>Via:</b> <input type="checkbox"/> EHS <input type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Private Vehicle	
<b>Accepted by:</b>			<input type="checkbox"/> EP2C
<b>A</b>	Patient name:	PHN:	PTN #:
	DOB:	Age:	Gender:
	Receiving Service / Dept.:	Chief complaint:	
<b>T</b>	Time of incident / onset:		
<b>M</b>	Mechanism of injury / medical complaint:		
<b>I</b>	Injuries / medical findings / signs / symptoms:		
<b>S</b>	Massive bleeding? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Signs / symptoms: HR:   RR:   BP:   /   SpO2:   GCS:   E:   V:   M:   CBGM:		
<b>T</b>	Treatment given:		
	IV fluids:		
	Medications given:		
	<input type="checkbox"/> iGel <input type="checkbox"/> Tourniquet <input type="checkbox"/> Pelvic binder <input type="checkbox"/> BVM <input type="checkbox"/> TXA <input type="checkbox"/> Intubated <input type="checkbox"/> Blood prod:		
Other:			
<b>A</b>	Allergies:		
<b>M</b>	Medication:		
<b>B</b>	Background history:		
<b>O</b>	Other:		
<b>Trauma Team Activation criteria met? (See reverse)   <input type="checkbox"/> Yes   <input type="checkbox"/> No</b>			
*Reminder: One activation to be called for each patient meeting criteria			
<input type="checkbox"/> TTA activated <input type="checkbox"/> by Charge Nurse <input type="checkbox"/> by EP		On call trauma surgeon called back <input type="checkbox"/> Yes <input type="checkbox"/> No	

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