

# Trauma Triage

In conjunction with the remote simulation session  
Trauma Module: T1 – Overview of Trauma Triage Process

*This project was possible due to funding made available by Health Workforce Australia*

# Sponsor

This project was possible due to funding made available by



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# Introductions



# General Aims

- Learn in a team setting
- Clinical skills blended with team skills
- Critically reflect on practice

# Ground Rules

- Participation
- Privacy
- Confidentiality
- Disclaimer
- Debriefing
- Mobile phones

# Trauma Triage

Trauma Module: T1 – Overview of Trauma Triage Process

# Session Objectives

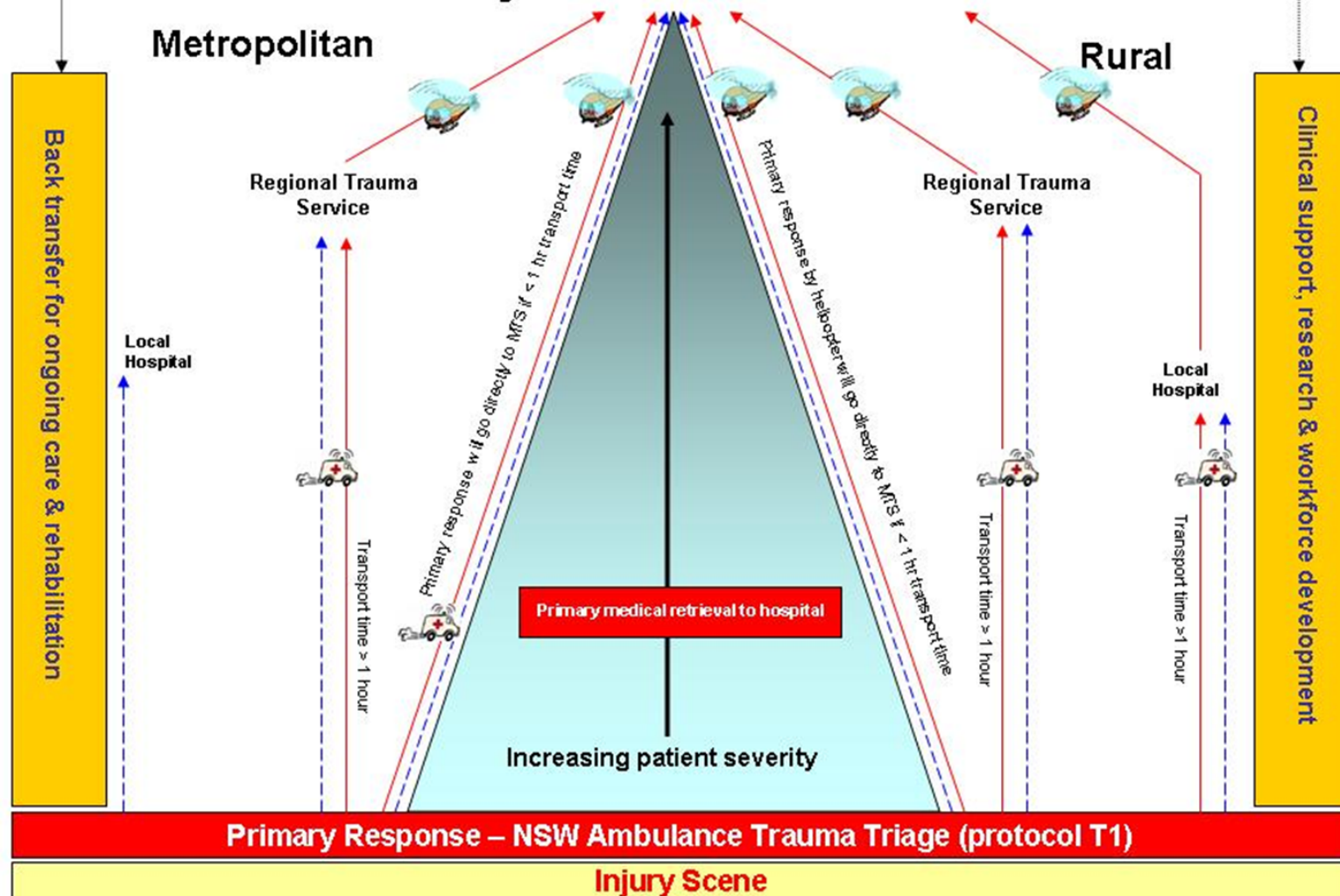
- To provide a brief overview of the NSW trauma service
- To discuss the identification of major trauma
- To summarise trauma patient management pre-hospital to rehabilitation
- To introduce the Australasian Triage Scale (ATS)
- To review trauma team activation criteria
- To practice using the ATS

# NSW Trauma Services Plan (2009)

- Traumatic injury can result in illness, disability and death.
- NSW Trauma model of care
  - Pre-injury
  - Pre-hospital
  - In-patient trauma care
  - Post-Acute care



# Major Trauma Service



--- Minor to moderate trauma  
 --- Major trauma

Helicopter or Fixed Wing Transport  
 Road Transport

- (1) A patient meeting major trauma criteria to be transported to the highest level trauma service within 1 hour travel time or as advised by AMRS.
- (2) Activation of trauma system can occur at any phase of the pre-hospital journey.
- (3) At a local hospital should a patient initially present with minor/moderate trauma then be determined to require a higher level of care following clinical assessment then transfer would occur using the established medical retrieval process.

NSW Trauma Services Plan, 2009

# Pre-Hospital Management

- Pre-hospital phase is the time from injury to arrival at a **DEFINITVE care trauma hospital.**

## Transportation methods

- Non-ambulance
- Ambulance
- Aeromedical services

# Initial Assessment/Handover

- I** Introduction (self and patient)
- M** Mechanism of injury or medical issue
- I** Injuries or illness
- S** Signs and Symptoms
- T** Transport and Treatments given
- A** Allergies
- M** Medications
- B** Background history
- O** Other information (family, situational, etc)

# Hospital Triage

- **Australasian Triage Scale**
  - Category 1
    - Immediate
  - Category 2
    - 10minutes
  - Category 3
    - 30minutes
  - Category 4
    - 60minutes
  - Category 5
    - 120 minutes

Guidelines for the Implementation of the Australasian Triage Scale in Emergency Departments Revised 05 August 2005

# Generic Trauma Team Activation Criteria

## Mechanism / History

- MVA with ejection
- Cyclist or pedestrian hit by car > 30km/hr
- Fall >5m
- Fatality in same vehicle
- Inter-hospital transfer meeting activation criteria

## Anatomical

- Injury 2 or more body areas
- Fractures in 2 or more proximal long bones
- Spinal cord injury
- Limb amputation
- Penetrating injury head, neck, torso or proximal limb
- Burns >15% adults, >10% paedts or airway burns

## Physiological

- Systolic BP < 90 with evidence of shock
- Respiratory rate <10 or >30 per minute
- Depressed LOC or fitting
- Deterioration of vital signs in the ED
- Age > 70 with chest injuries
- Pregnancy >24 weeks with torso injuries

# Patient Trauma Care

- Trauma team response
  - Primary survey
  - Initiate treatment
- Post Emergency Department Care
- Post acute care
  - Discharge planning
  - Rehabilitation
  - Outpatient services

# BAT CALL

Please answer the phone and  
continue with the scenario

# Scenario

Taylor Swift has just arrived at triage.  
Please triage Taylor.



# Scenario

Charlie Sheen has been brought in by  
the ambulance service.

Please triage Charlie.

# Summary

- Trauma triage begins in the pre-hospital environment
- Consider major trauma based on mechanism
- Active handover practices are essential for good patient care.
- Activation of trauma teams leads to a co-ordinated approach to trauma.

# References

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- Forero and Nugus. Literature Review on the Australian Triage Scale for the Australian College of Emergency Medicine. 2012

# Acknowledgments

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