

Trauma Blue: Definition and Purpose

The purpose of the Trauma Blue is to provide the most concentrated and sophisticated level of trauma care to patients. A Trauma Blue will be called by the Trauma surgeon, the Emergency Department Physician, The Emergency Department Resource Nurse, and/or the flight nurse or field EMT/Paramedic, when a trauma patient is enroute to or has arrived at Theda Clark Medical Center's Emergency Department and meets criteria for Trauma Blue.

Upon activation of the Trauma Blue, the Trauma Team will report immediately to the resuscitation area. The purpose of the trauma team concept is to assemble individuals with required skill in order to create an integrated unit which works efficiently toward a common and clearly understood goal - the care, stabilization and optimum outcome for the multiple trauma victim.

It is understood that the decision to call a Trauma Blue will often be based upon field data which may be incomplete. It is inevitable that situations will occur when a Trauma Blue is activated for a patient who is later determined not to have met the criteria for major trauma patient status. The purpose, however, for instituting a Trauma Blue Protocol is to provide an advanced and progressive approach to trauma care: thus, over response may occur based upon the best interests of the patient.

The Theda Clark Medical Center Trauma Team:

Trauma Surgeon/Team Captain
Emergency Department Physician
ED Tech/ Paramedic
Nurses**(2)**
Emergency Department Resource Nurse
Respiratory Therapists
ThedaStar Flight Nurses **(as needed)**
Radiology Technologist
Laboratory Technician
Social Services / Chaplain
Trauma Program Manager **(when in house)**
CT Scan
Surgery Team **(1 RN, 1 OR Tech, Anesthesiology)**

Trauma Consultants:

Neurosurgeon: For all trauma cases with associated major head injuries.

Orthopedic Surgeon: For all trauma cases with major orthopedic injuries.

Pediatrician: For all cases with a patient less than 13 years old.

Trauma Blue Activation Criteria:

A **Trauma Blue** should be activated in any of the following situations:

- ♥ Glasgow Coma Scale <12 (X2)
- ♥ Systolic Blood Pressure <90 at any time
- ♥ Respiratory rate <10 or >29
- ♥ Trauma Patient with Airway compromise: Any intubated patient from a scene or transfer from another facility
- ♥ Hypothermia with Traumatic Mechanism (<34 C or 93.5F)
- ♥ Traumatic Asphyxia: crush injury
- ♥ Penetrating injuries to: head, neck, torso, and/or extremities proximal to the knee and/or elbow
- ♥ Flail chest
- ♥ Unstable pelvic fractures
- ♥ Combination trauma with burns or inhalation injury
- ♥ New onset paralysis
- ♥ Amputation proximal to the wrist or ankle
- ♥ Open or depressed skull fracture
- ♥ Any injured major vessel
- ♥ Transfers from other facilities receiving blood to maintain vital signs
- ♥ Electrocution with high voltage: > 220 volts or > household current
- ♥ ED MD discretion

Patients with **any** of the following should be **considered** for Trauma Consultation. The patient will be examined by an Emergency Department Physician and a trauma consult to a trauma surgeon will be considered.

- ♥ Stable pelvic fractures
- ♥ Ejection from automobile
- ♥ Death in same passenger compartment
- ♥ Prolonged extrication (>20 minutes)
- ♥ Falls >20 feet
- ♥ Roll-over
- ♥ High speed auto crash
 - a. Initial speed >40mph
 - b. Major auto deformity >20 inches
 - c. Intrusion into passenger compartment >12 inches
- ♥ Auto-pedestrian injury with significant impact (>5 mph)
- ♥ Pedestrian thrown or run over
- ♥ Motorcycle crash > 20 mph or with separation of bike and rider
- ♥ Pregnancy past 1st trimester with traumatic mechanism

This criteria is based upon the recommendations of the Committee on Trauma of the [American College of Surgeons](#) (**this is an external link - internet access is required**) found in "Resources for Optimal Care of the Injured Patient: 2006."