

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 on their way or has arrived at ThedaCare Regional Medical Center-Neenah'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 injury 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 Trauma Team:

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

A full team activation (Trauma Blue) should be utilized when the following criteria are met:

- Glasgow Coma Scale <9 with Traumatic Mechanism
- Systolic Blood Pressure < 90 at any time
- Pulse Rate <50 or >130 (X2)
- Respiratory Rate <10 or >29 (X2)
- Trauma Patient with Airway compromise
 - Intubated patients from a scene or a transfer from another hospital
- Hypothermia $\leq 34.0C/93.5F$ with Traumatic mechanism
- Traumatic Asphyxia: crush injury
- > 20% TBSA burns (2nd and 3rd degree) with Traumatic Mechanism
- Penetrating injury to the head, neck & torso proximal to the groin and axilla
- GSW to neck, chest, or abdomen or extremities proximal to the elbow/knee
- Penetrating extremity injury with decreased pulse, neuro changes or active bleeding
- Flail Chest
- Unstable Pelvic fractures
- New onset paralysis
- Amputation above wrist or ankle
- Open or depressed skull fracture
- Any injured major vessel
- Transfers from other trauma care facilities that are receiving blood products to maintain vital signs
- Electrocution with high voltage: > 220 volts or > than household current
- Emergency Department Physician discretion

Activation of a partial team would be utilized when the following criteria are met:

- Two or more proximal long bone fractures
- Identified intra-thoracic or intra-abdominal injury
- Penetrating injury above the elbow and knee
- Fall > 20 feet
- Motorcycle or snowmobile crash >50 mph
- Stable pelvic fractures
- Ejection from vehicle
- Extrication >20 minutes
- Rollovers
- High speed vehicle crash (Initial speed >40 mph)
- Death in same vehicle
- >20% TBSA burns (2nd and 3rd degree)
- Motorcycle crash >20 mph or w/ separation from vehicle
- Pedestrian thrown or run over by a vehicle
- Auto vs Pedestrian or Bicycle
- Pregnancy after 1st trimester with traumatic mechanism
- Emergency Department Physician Discretion