

**This clinical pathway is intended to supplement, rather than replace, professional judgment and may be modified according to a patient's individual needs.
Failure to comply with this pathway does not represent a breach of the standard of care.**

The **Trauma team** comprises emergency department doctors/clinical officers and nurses, surgeons, anaesthetists and theatre staff, radiographers, and other support personnel, who work together to assess and manage the **trauma** patient. Their actions are coordinated by a **team leader** who should not touch the patient. The aim of the trauma team is to provide a safe and efficient evaluation of the patient. Identify all injuries and instigate the definitive management of such injuries. Most trauma teams will have about **30 minutes** to accomplish this and should work toward achieving it.

The Trauma Team should be activated immediately when a patient who meets ANY of the criteria below arrives:

- ☐ Systolic BP < 90 mmHg
- ☐ Respiratory rate < 10 breaths/min or > 30 breaths/min
- ☐ GCS < 12 with torso or extremity trauma
- ☐ Pregnant patient (> 20 weeks) with foetal heart rate < 120 bpm or >160 bpm
- ☐ Amputation proximal to elbows or knees
- ☐ 2 or more proximal long bone fractures
- ☐ Suspected spinal cord injury
- ☐ Severe maxillofacial injury with airway compromise
- ☐ Burns > 15% TBSA
- ☐ Pregnant patient with penetrating injury or significant blunt injury
- ☐ Gunshot wound proximal to knee or elbow
- ☐ Significant penetrating wound to head, neck, chest, abdomen or groin
- ☐ Ejection from vehicle
- ☐ Pedestrian thrown (hit by a car) or rolled over
- ☐ Fall from a height > 6 metres (20 feet)
- ☐ Simultaneous arrival of 3 or more multi-trauma patients
- ☐ Emergency Doctor feels the trauma team is necessary for an injured patient