



SCGH TRAUMA CALL CRITERIA

CALL 55 – MAJOR TRAUMA CALL or ED TRAUMA CALL

MAJOR TRAUMA CALL.

Any one of the below criteria or more.

MECHANISM

- All penetrating head, neck & truncal injuries including groin & Axilla
- Traumatic amputation proximal to elbow / knee

SIGNS

- SBP < 90mmhg (< 75mmHg, child)
- GCS < 9
- SpO₂ < 90%
- RR < 10 or > 30
- HR < 50 or > 120

ANATOMICAL

- Airway injury or compromise
- Evisceration

ED TRAUMA CALL.

This criterion is not an exclusive list.

MECHANISM

- MVA > 60 kph
- MBA / Cyclist impact > 30kph
- Pedestrian impact > 30kph
- Extrication > 30 mins
- Cabin Intrusion
- Vehicle roll over
- Fatality in same vehicle
- Fall >3m
- Explosion and blast injuries

SIGNS

- GCS <14

ANATOMICAL

- Significant blunt injuries e.g.: seatbelt sign
- Flail chest
- Obvious skull # or skull depression
- Suspected spinal cord injury
- # Pelvis / pulseless limb / # dislocations with vascular compromise
- Burns > 15% TBSA

IF MULTIPLE ED TRAUMA CRITERIA MET, ESCALATE TO MAJOR TRAUMA.

OTHER CONSIDERATIONS – CALL DUTY CONSULTANT IF ADDITIONAL ADVICE REQUIRED DECT Ph: 77255, between 8 am - midnight

- Mass Causality Incident / >1 patient reception simultaneously
- Pregnancy
- Morbidly Obese
- Significant Co-morbidity
- > 65 & <16 years of age
- Anticoagulation therapy

Night Duty Reg to call Duty Consultant @ home for major trauma calls between midnight – 8am via switchboard.

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Adapted from The Alfred Hospital, Victoria & Royal Perth Hospital, WA trauma criteria.

Previously revised 2012. Not for distribution outside of SCGH.