

Trauma Overview Examples of Standards of Care

The order of care may vary based on situations. This not a required and all-inclusive list of standards. Individual hospitals must reference their local policies, protocols, and guidelines as well as refer to the current trauma system criteria and trauma course standards such as TNCC, ATLS, CALS, and RTTDC etc.

EMS Trauma Review

- Run report present at time of review
- Appropriate scene time
- Autolaunch (if applicable)
- Trauma Assessments:
 - Bleeding controlled
 - AVPU/ Airway / C-Spine Stabilization (if applicable)
 - Breathing
 - Circulation
 - Disability
 - Exposure/Environment (temp, warming measures) ☐ Hypothermia prevention
 - Vital Signs ☐ Pain Management ☐ large bore IV(s)

ED Team Review

- Pre-hospital report includes identification of Trauma / TTA pre-patient arrival
- TTA called when criteria met/ documented appropriately
- Time of injury
- All team members responded within expected time frames and documented
- Trauma Primary and Secondary assessments completed
 - Bleeding controlled
 - AVPU/ Airway addressed with diminished LOC / C-Spine Stabilization (if applicable)
 - Intubated patient
 - Appropriate RSI
 - Capnography
 - NG/OG placement
 - Breathing

- Circulation
- Disability
- Exposure/ Environment (warming measures)
- Full set of vital signs (initial and ongoing). Including Temp, GCS, & pain
- eFAST completed at bedside after primary survey for patients at risk of injuries to chest, abdomen, or pelvis.
- Appropriate tests ordered (lab, x-ray, CT etc.)
 - Xray prior to CT
 - Imaging should not cause delays
- IV (large bore x2), fluids monitored (I&O)
- Long board removal
- Medications administered / pain managed appropriately
- Consults appropriate for case and situation (specialists, requested time, method [phone, telehealth, bedside], and consult /response time.
- Provider decision making regarding care and disposition reflected in documentation
- Trauma Reassessments
- Time-sensitive Ortho conditions managed timely and appropriately
- Antibiotics given for open fracture within 1 hour
- Tetanus updated
- Emergent blood release/ Massive Transfusion Protocol (MTP)/ TXA given as needed
- Reversal agents given as appropriate

Transfer

- Rapid recognition of meeting transfer criteria
 - Transfer delays (investigate causes)
 - Decision to transfer time
 - Acceptance from Referral Center
 - Early notification of EMS
- Referral Center follow up and feedback

Admission

- Delay to admission

- Admit for trauma / appropriate in accordance to admission policy
- Correct order sets used
- Consult/ admit by general surgeon when appropriate
- Admitted and does not meet transfer criteria
- Tertiary Survey Assessment as appropriate
- DVT/VTE prophylaxis provided appropriately
- Physical Therapy (PT)/ Occupational Therapy (OT) / Speech Therapy (ST) / Case Management or other evaluations / consultations as indicated
- Inpatient Assessments/ Reassessments
- Complications
- Patient decompensation during the stay:
 - Investigate the cause
 - Appropriate team called (Rapid Response, Code etc.)
 - Provider respond timely
 - Timely transfer initiated

Operating Room (OR) *(if applicable)*

- Delays in getting to OR
- Antibiotics started in OR, if needed
- Emergent Blood/ MTP/ TXA given as needed for bleeding

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