

SETRAC recommended regional trauma team activation (TTA) criteria for level 1 and 2 facilities:

Trauma patients receiving blood products prior to arrival

ACS requirement “transfer patients from other hospitals receiving blood to maintain vital signs” to be TTA criteria, but we feel this should apply to patients transported directly from the scene (not just transfers) for patient safety and to reflect the increased utilization of pre-hospital blood transfusion across the region.

Pre-hospital tourniquet use

While this is not an ACS requirement (yet), the committee thinks we should adopt tourniquet use as an activation criterion to support our regional Stop the Bleed campaign. Some patients will arrive with unnecessary tourniquets that can safely be removed, but two trauma centers with tourniquet use as a TTA criteria reported a positive predictive value of 60% for determining need for operative intervention from the ED.

Pelvic injury requiring stabilization device (binder/sheet)

The committee thought this criterion would capture those patients with potential for hemodynamic collapse and clarifies the wording of several trauma centers already incorporating pelvic fractures as an activation criteria.

GSW to extremities proximal to knee/elbow

This is no longer an ACS criterion since August 2018 but persists for most level 1 and 2 centers in the region. The committee supports keeping this TTA criteria.