The following workflow is intended to clarify the trauma activation policy and serves as a supplement only. This workflow shall not be used as a substitute.

EM Trauma Consult Workflow:

CONSULT CRITERIA:
Please place a consult in epic, call the trauma nurse (ext. 18132) and request a "minor trauma consult" for the following criteria:

- Any traumatic injury that gets admitted (includes ALL fractures, and patients being admitted for a medical reason who concurrently have a traumatic injury).
- NAT suspicion requiring skeletal survey (please refer to established RUHS guidelines).
- Patients getting admitted with C-collar in place.
- ALL mammal bites that require admission.
- Patients that need facial trauma + ophthalmology consult if being admitted (consult early if disposition is likely admission, to expedite admission).
- ALL burn patients (even subacute) requiring admission.

TRAUMA CONSULT COMPLETION GOALS:
Minor trauma consults have an expected consultation time of 30 mins from time of order placement/phone discussion and a disposition decision time of 1 hours. Admission orders should not be delayed for additional tests if level of care and plan to admit is known at the 1 hr time.

ED to Trauma Attending calls should be made when there are delays (>60 mins) in placing admission orders or completing consult recommendations.

COMMUNICATION REQUIREMENT:
The Senior Resident or Attending will directly communicate the consult plan to the ED resident or attending. Communication can be in-person, phone, text or EPIC secure chat but needs loop closure. ED will document the name and level of training of the individual delivering the plan in the medical record.

DERM & BURN:
Do not admit burn equivalent rashes to RUHS (SJS, bullous pemphigoid).
These will likely need transfer to ICU with Burn & dermatology (i.e: UCI or UCSD).

ED RETURNS:
All trauma/ACS patients who return to ED within 30 days after a trauma/ACS admission. All visits should trigger either a Formal Consult OR a discuss with the ED and trauma/ACS Attending. An Attending to Attending discussion may occur and be documented. Both services will document the discussion.

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