TITLE: TRAUMA SERVICE ADMISSION GUIDELINES

PURPOSE:

Guidelines for the admission of trauma patients to Lyndon B. Johnson General Hospital must be in place per the Texas Department of State Health Services and the American College of Surgeons.

PROCESS:

I. DEFINITIONS
   A. Trauma is defined as a physical injury, wound or shock caused by an external force

II. ADMISSION GUIDELINES
   A. Trauma patients requiring admission to Lyndon B. Johnson General Hospital will be admitted following the policies and procedures: Admissions, #4100
   B. All multi-system trauma patients must be admitted to a general surgeon.
   C. Single system injury patients without significant comorbidities may be admitted to a specialty surgical service (i.e. fractured femur may be admitted to Orthopedics).
   D. A multi-system trauma patient must undergo at least a 23 hour period of observation and evaluation under the care of a general surgeon. If a single organ system injury remains as the primary problem after 23 hours, the patient should be transferred to the particular surgical service with expertise in that area for admission.
Guidelines and Protocols

E. A pediatric patient who has sustained possible multi-organ trauma will be admitted to the Pediatric Unit in Observation status for 23 hours by the General Surgery Service with Pediatric Service Consultation. When the patient is cleared surgically but continues to require a hospital stay, the pediatric patient will be admitted to the Pediatric Service.

F. Non-surgical admissions
   1. Appropriate admission criteria may include:
      a. Drowning
      b. Drug over dose
      c. Hanging – if CT neck and CTA neck negative for bony or vascular injury
      d. Ground level fall with isolated extremity injury
   2. High mechanism injuries being considered for admission to the hospital service:
      a. Trauma consultation must be obtained. The consult must be requested by the EC Provider prior to the decision for admission. If the Trauma Surgeon cannot see a patient in a timely manner, the admission should first be discussed with the Trauma Attending on call. If admitted by the Hospitalist Service, the Trauma Surgeon will write an initial consult and then complete a tertiary survey in 24hrs.

G. Exclusions (to non-surgical admissions):
   1. Traumatic injuries requiring admission to an ICU or IMU
   2. All rib fractures
   3. Solid organ injury
   4. Pelvic fracture with retroperitoneal hematoma or in a patient on anticoagulation
   5. Pregnancy ≥20 weeks
   6. Penetrating trauma
Guidelines and Protocols

7. Age <16

H. Physician is responsible for determining the need for admission to the Observation/Inpatient setting.
I. Physician has to complete referral for admission to Observation/Inpatient setting.
J. Physician writes appropriate admission/observation orders.
K. Physician notifies the specialty service of the need for consultation.
L. Physician assures patient has a disposition prior to expiration of 23 hour observation period

REFERENCE / BIBLIOGRAPHY:

OFFICE OF PRIMARY RESPONSIBILITY:

LYNDON B. JOHNSON HOSPITAL TRAUMA SERVICES

REVIEW / REVISION HISTORY

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