

OBJECTIVE: Provide guidelines for the admission of patients with traumatic injuries to non-surgical services.

DEFINITIONS:

Non-Surgical Services: Any admitting service other than Trauma/General Surgery, Orthopedic Surgery, Neurosurgery, Plastic and Reconstructive Surgery, or Otolaryngology

Elderly Hip Fractures: Patients with isolated hip fractures can be admitted to a non-surgical service without Trauma Consultation, with prompt evaluation/consultation by the Orthopedic Surgery service.

Patients with isolated hip fractures will be:

1. Excluded from the tabulation of non-surgical admissions
2. Included in the trauma registry
3. Tabulated each month by the trauma registry and forwarded to the Orthopedic Surgery Liaison and Geriatric Liaison for review of:
 - a. Timeliness of consultation and surgery
 - b. Any surgical or in-hospital complication (All complications will be discussed with the TMD, TPM, and PI coordinator and included in the PIPS process with presentation at Multidisciplinary Morbidity and Mortality Conference)

NON-SURGICAL ADMISSIONS:

Criteria:

1. Patients with traumatic brain injury will not be admitted to a non-surgical service.
2. Patients may be admitted to a non-surgical service after evaluation during a trauma activation if communicated on an Attending-to-Attending basis.
3. All patients with poly-system trauma will result in a trauma consultation at minimum prior to any potential admission to a non-surgical service.

Concurrent Review:

1. On a daily basis, the trauma registrar will obtain a list from the hospital census for all non-surgical admissions of patients with trauma diagnoses.
2. All non-surgical admissions will be reviewed daily by the TMD and TPM with respect to:
 - a. Injuries
 - b. Injury Severity Score
 - c. Generation of trauma activation and/or trauma consultation
 - d. Consultation of appropriate surgical services including timeliness of consultant response
 - e. Appropriateness of non-surgical admission

7. SPECIAL POPULATIONS

C. Non-Surgical Admissions

3. Any non-surgical admission deemed to be inappropriate based on this concurrent review will generate:

- a. A Trauma Consultation at minimum, and if appropriate, transfer of service to the Trauma Surgery service
- b. Self-initiated Trauma Consultation based on concurrent review will be preceded by direct Attending to Attending communication between the on-call Trauma Surgeon and the non-surgical service Attending.

PI Process:

1. All non-surgical admissions will be monitored using the PIPS process.
2. In-hospital complications and mortalities will be reviewed by the TMD, TPM, and PI Coordinator and communicated to the Section Chief of Internal Medicine for review.
 - a. Upon review, in-hospital complications and mortalities will be reviewed in a multidisciplinary process (PIPS).
 - b. Loop Closure will be communicated and documented with the Section Chief of Internal Medicine.
3. Systematic changes in policies, protocols and guidelines pertaining to patients with trauma-related diagnoses will be communicated to the Section Chief of Internal Medicine.

Approved Date: 5/2018

Last Revised Date:

12/20/2023

To Be Reviewed:

12/2026