

INJURY PREVENTION AND TRAUMA

A System
SAVING LIVES



EMS AND HOSPITALS JOIN TOGETHER TO TRACK TRAUMA PATIENTS

At what point do trauma bands go on?

Trauma bands should be placed on patients upon transport to the hospital. However, it is understood that in some instances this may not occur due to the medical attention required to the patient. In these cases, the patient should be banded by the emergency room staff and the trauma band number written on the EMS run sheet.

Regardless of who bands the patient, it is important that each responding agency record the trauma band number on their care record.

Not all patients who will sustain traumatic injuries will arrive via EMS. Patients who self transport to the ER would still require a trauma band and it will be the responsibility of the ER staff to band these patients as it is still necessary to track these patients in the event they are transferred to a higher level trauma facility.



Arkansas Department of Health

TRAUMA BANDS

Statewide EMS providers, emergency department staff, physicians, communication personnel, and the Arkansas Department of Health staff have discussed how important it is to link EMS pre-hospital data with the trauma registry which will allow researchers to analyze the outcomes of trauma patients. The difficulty is that when an EMS provider arrives on scene, getting identifying demographic information such as the patient's name, address, and date of birth is never a priority and in many cases, not possible. Because that information is not collected, it is very difficult to track patients throughout their continuum of care within the EMS services and hospitals that are involved in the trauma system.

As of January 1, 2011 all patients who are suspected to have sustained any traumatic injuries shall be banded with Arkansas Trauma System identification bands. These bands are plastic fluorescent orange snap on bands that are pre-printed with a unique alpha-numeric code. Ideally, the transport EMS agency would put the uniquely numbered band on the trauma patient; **each additional responding agency and care provider (EMS and hospital) will use that number as an additional means to identify the patient.** The bands are provided free of charge to all EMS services and hospitals that are participating in the trauma system from the Injury Prevention and Trauma Systems Section at the Arkansas Department of Health.

TRAUMA BANDS

Who Gets Banded?

Any and all patients who are suspected to have sustained any traumatic injuries. Some examples include but are not limited to car crashes, attempted traumatic suicides, near drowning, burns, falls, and dog bites. Patients who under initial assessment may not meet the criteria to be admitted to the trauma registry should still be banded if they have sustained any traumatic injuries. It is encouraged that EMS and hospitals should over triage trauma patients in the field as trauma bands are inexpensive.

Why Band?

Trauma bands serve a very simple but important purpose; they link the EMS registry to the trauma registry. They also make the data more reliable and clean by eliminating duplicate entries. Trauma bands also allow patients to be tracked throughout their entire course of treatment in the trauma system. Trauma patients are very unique being that they are usually transferred multiple times throughout their course of care and at each facility important information is collected on that patient such as vital signs, time of arrival, resources utilized, and treatment. While each individual facility knows about what condition the patient was in, the care provided, and the time frames they operated in, no one knows that happened to the patient across the entire system of care.

Trauma bands are designed to change that. Once a patient is banded, every agency involved in the care of that patient (pre-hospital and hospital), would document the band number on the patient's care record. Once the data is sent to the EMS registry and trauma registry, the records will be linked together using the band numbers on the patient's records.

How are trauma patients banded?

For EMS agencies:

Step 1: Determine if the patient sustained any traumatic injuries (minor or major injuries)

Step 2: Place the trauma band on the patient

Step 3: Write the trauma band number on the EMS run sheet

Step 4: Inform the Emergency Room staff that the patient has been banded

For Emergency Room Staff:

Step 1: Check the patient to see if there is a trauma band present; if a band is present skip to step 4

Step 2: Determine if the patient sustained any traumatic injuries (minor or major injuries)

Step 3: Place the trauma band on the patient

Step 4: Write the trauma band number on the patient's ER chart

Frequently Asked Questions:

Q: What happens if EMS bring a trauma patient to the ER without a band?

A: The ER staff would band the patient and EMS would write the number on their run sheet

Q: How do I determine whether or not a patient should be banded?

A: Band anyone who you believe have sustained any traumatic injury, ranging from the most minor injuries to fatal injuries. Trauma bands are inexpensive, so band freely.

Q: Should the banding of a patient take priority over patient care?

A: Patients should be stabilized before the trauma band is placed on the patient, it is OK to place the band on the patient once in the emergency room as long as the trauma band number is on the EMS run sheet

Q: What happens if a patient is acci-

dentally banded twice?

A: In the event that a patient is banded more than once, both numbers should be noted and identified on the patient's chart.

Q: When is it OK to remove the trauma band?

A: When the patient has been discharged from the hospital of definitive care and the trauma band number has been recorded on the patient's chart, it is ok to remove the trauma band. This will reduce the chance of a patient being banded twice.

Q: Should I band a patient who has been involved in a car crash but has no apparent injuries?

A: Yes, because although the patient may not have any apparent injuries, it has not been confirmed by tests.

Q: If my EMS agency/hospital run out of trauma bands, is it ok to "borrow" bands from another EMS agency/hospital?

A: Yes, but bands should be re-ordered as soon as supplies start running low to avoid "borrowing"

Q: How do I get more trauma bands if we run out?

A: Call 501-683-0707 (main phone line for Injury Prevention and Trauma) to request bands

Q: If a patient is banded, does that mean they will automatically go into the trauma registry?

A: No, patients must meet certain registry criteria in order to be entered into the trauma registry. The trauma coordinators at each hospital will determine whether or not the patient will be entered into the trauma registry. However, it is still important that patients are over-triaged as the trauma band number will serve as an indicator to the trauma coordinators.