Texas Department of Health
Bureau of Emergency Management

TRAUMA SYSTEMS POLICY # TS-01-A

RACs: Regional Trauma Treatment Protocols

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May 2001

BACKGROUND

At the November 2000 Governor's EMS and Trauma Advisory Council's Trauma
Systems and Medical Directors Committee meetings, the Bureau of Emergency
Management (Bureau) was asked to clarify the scope of the requirement for Regional
Advisory Councils (RACs) to develop "regional trauma treatment protocols." Concerns
were raised that treatment protocols are the responsibility of a medical director.

STATUTE REFERENCE

Not applicable

RULE REFERENCE

25 TAC, 157.123 Regional Advisory Councils (b)(2) (B)(iii)(IX)

POLICY

Minimum regional trauma treatment protocols only are required to be developed,
implemented and evaluated by the RACs; individual agencies and medical directors may,
and are encouraged, to exceed these minimums. The minimum trauma treatment
guidelines should meet the following:

1. The severe or major trauma patient will:

   - Be rapidly assessed, resuscitated, and stabilized according to current Advanced
     Trauma Life Support (ATLS), Basic Trauma Life Support (BTLS), Pre-Hospital
     Trauma Life Support (PHTLS), Trauma Nurse Core Course (TNCC), and
     Pediatric Education for Pre-Hospital Providers (PEPP) standards.

- Be cared for by health care professionals with documented education and skill in the assessment and care of injuries throughout their pre-hospital and hospital course.
- Have their care, as documented by pre-hospital run forms and hospital charts, reviewed by the medical director for appropriateness and quality of care.
- Have deviations from standard of care addressed through a documented trauma performance improvement process.

2. All pre-hospital and hospital providers participating in the care of trauma patients should participate in the RAC Performance Improvement program.

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Kathryn C. Perkins, Chief   Date: May 1, 2001
Bureau of Emergency Management