	Trauma Services	No. 4072
	Title: Trauma One Evaluation-WMR	Page: 1 of 3 Effective Date: 11/17/2020

PURPOSE:

The trauma team evaluates all activated trauma patients in an organized and collaborative approach. Response and allocation of resources is based on clinical presentation, categorized as either "trauma one" or "trauma alert".

ENTITIES AFFECTED BY THIS POLICY (SCOPE):

Emergency Services Raleigh Campus, WPP Surgery, Pediatric Physicians, Labor & Delivery, WPP OBGYN

PROCEDURES:

- I. A comprehensive assessment, including primary and secondary survey, will be completed in a systematic fashion.
 - a. All findings will be called out for proper documentation by the trauma scribe.
- II. The Trauma One evaluation is under the direction of a board-certified surgeon who responds to the trauma room within 15 minutes of notification and is carried out in the resuscitation room of the adult Emergency Department. The ED Attending physician representative functions in the role of consultant.
 - a. In the event that the trauma surgeon is not present upon patient arrival, the ED attending physician directs patient care until arrival of the trauma surgeon.
 - b. If the first-call trauma surgeon is unavailable to evaluate a trauma patient for any reason, the back-up trauma surgeon will be called to report to the ED for the evaluation of the patient.
- III. Specialty services are consulted as needed and will respond within 30 minutes for life threatening or limb threatening injury.
- IV. Initial airway management and intervention is directed by the Emergency Department Attending. *[Reference policy: Airway Management of the Trauma Patient]*
- V. An Emergency Department RN who has experience in trauma care and is trained in ACLS and completed TNCC directs primary nursing care of the trauma patient.
- VI. Each team member is assigned duties and standing locations within the resuscitation area.
- VII. Resuscitation equipment for care of the injured patient ages 0-99+ is always immediately available within the trauma room.
- VIII. Lab services are always available to include all standard analysis, type and cross matching, coagulation studies, blood gas analysis, drug and alcohol screening, microbiology.
- IX. Uncrossed blood is available for trauma one patients in advance of patient arrival and is administered under physician direction. *[Reference policy: Blood Transfusion and Massive Transfusion in Trauma Patients]*
- X. The responsibility of wound closure, referrals and consults will belong to the ED Attending in the event that the patient will be discharged or admitted to sub-specialist; provider discretion to discuss on a case by case situation.
- XI. The responsibility of wound closure and consults will belong to Trauma Services when


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the patient is admitted to their service; provider discretion to discuss on a case by case situation.

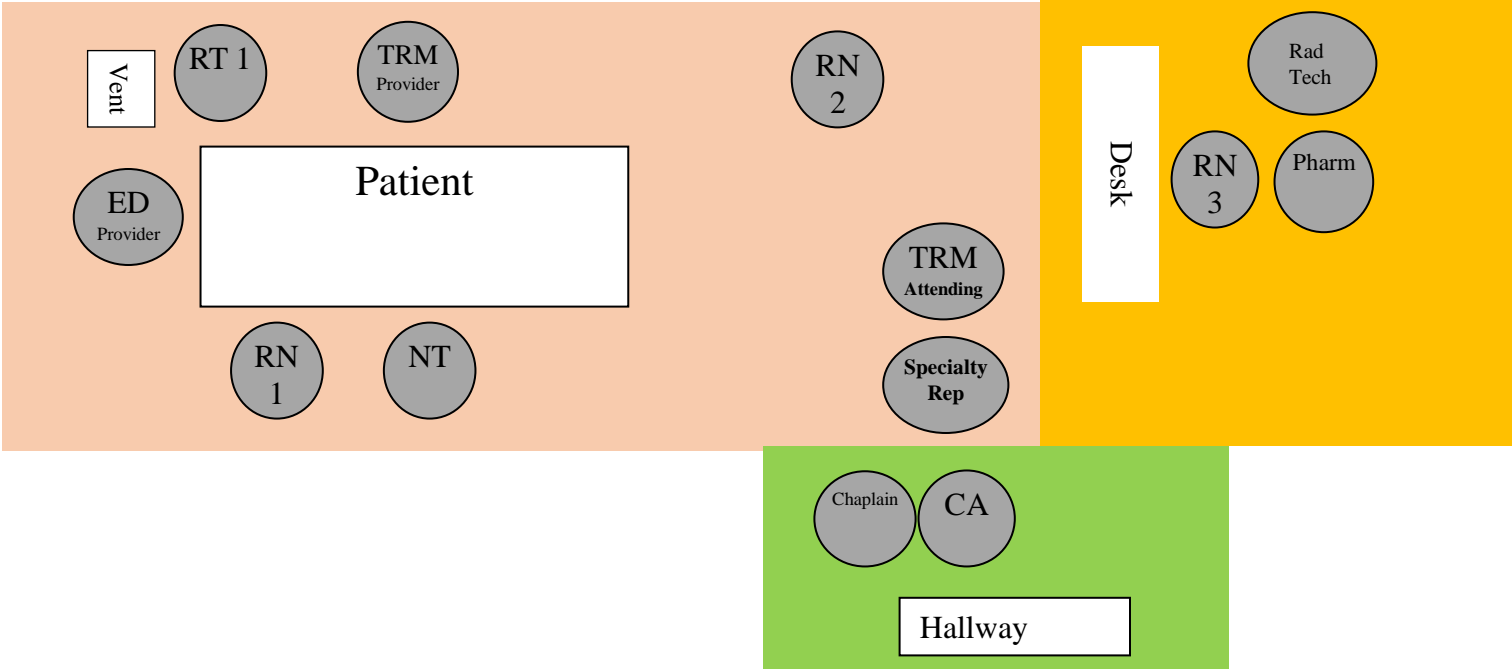
- XII. A 1-hour huddle (from time of transfer out of trauma bay) with the ED RN and ED Attending will be held to discuss plan of care and alert Trauma Services of patient status. If patient is required to remain in the emergency department, the Trauma representative and ED Attending will have a 3-hour huddle to discuss disposition.
- XIII. In certain situations, learners and observers may be prohibited in the trauma room for risk management reasons. The Clinical Administrative team or Emergency Services Management will assist with the personnel flow into the trauma bay.

<p><u>Trauma One Response Team</u> ED Provider Trauma Provider Trauma Attending RT 1 RT 2 RN 1-3 NT Pharmacy</p>	<p><u>For Trauma <15 years of age addition of:</u> Pediatric ED RN x2 PICU Intensivist</p> <p><u>For OB Trauma ≥20wks approximate gestation addition of **</u> OBGYN Attending OBGYN Resident OB RN x2</p>
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TRAUMA ONE POSITIONS



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