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PURPOSE:

Provide reference for all team members

- I. Trauma Team Leader: Trauma Surgery Attending or ED Attending*
 - a. Receives notification and report for the incoming trauma patient by the ED clinician.
 - b. Coordinates the activities of the team to include:
 - i. Completion of the primary survey
 - ii. Prioritizing the resuscitation steps
 - iii. Communication to the patient and the family
 - iv. Completion of the secondary survey
 - c. Coordinates patient care with specialist/consultants
 - d. Determines the need for operative intervention **
 - e. Determines the patient's inpatient bed need: Critical care, stepdown, floor, observation**
 - f. Supervises and directs the surgical residents and APP in the management of the injured patient **

**For Trauma One, ED Attending serves as team leader until the trauma attending arrives (must be within 15 minutes). In the case of Trauma Alert, ED attending is the primary attending, but services may still be provided by a Trauma Surgery Attending.*

***Services provided only by Trauma Surgery Attending.*

- II. Surgical Resident- Resident participating in a general surgery rotation with a focus on Trauma completes the primary survey:
 - a. Assist the team leader in acting on information found in the primary survey
 - b. Assist by drawing femoral blood samples during line insertion as necessary
 - c. Provides emergency intervention as needed/directed (ie: central line placement, chest tubes, etc)
 - d. Performs the secondary survey and intervenes as necessary
 - e. Accompanies the patient to special procedures and in transfer as directed by the team leader.
 - f. This role may be filled by the Advanced Practice Provider (APP) if designated by the Trauma Surgery Attending.

- III. ED Attending Physician
 - a. Receives notification of incoming trauma patient from the ED clinician. Collaborates with pre-hospital personnel to determine level of care required by the injury patient.
 - b. Assumes the responsibility of team leader until the trauma attending arrives.
 - c. Reports to the trauma resuscitation room to provide care and supervision.

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- d. Supervises and directs ED Residents in the management of patient care.
 - d. Stands at the head of the bed with Respiratory Therapy, evaluates the equipment set up, and prepares for the patient arrival.
 - e. Follows the guidelines for intubation set forth by the airway committee and as directed by the trauma team leader.
 - f. Following intubation assures proper placement and request chest x-ray when appropriate, based on other resuscitative events.
 - g. Assist the RT in securing the ET tube.
 - h. Documents procedures as noted in the documentation policy.
 - i. When trauma care is formally transferred to the trauma attending, the ED attending returns to the other ED patient care unless requested to assist or if directing the ED Resident in a procedure.
 - j. Provide leadership and management of Trauma Alert patients as indicated in Section I.
- IV. Advanced Practice Providers:
- a. Assist the team leader in acting on information found in the primary survey
 - b. Assist by drawing femoral blood samples during line insertion as necessary
 - c. Provides emergency intervention as needed/directed (ie: central line placement, chest tubes, etc)
 - d. Performs the secondary survey and intervenes as necessary
 - e. Responsible for coordination of medical care across the patient care continuum.
 - f. Collaborates with Trauma Physicians, Residents and nursing staff in providing consistent, high quality care to trauma patients.
 - g. Accompanies the patient to special procedures and in transfer as directed by the team leader.
- V. ED Clinician (charge RN)
- a. Receives radio call. Collaborates with pre-hospital personnel to determine level of care patient requires.
 - b. Facilitates notification of the trauma team by advising operator of the appropriate level of trauma activation. Operator notifies trauma team by utilizing alpha and numeric paging systems.
 - c. Re-assigns the Trauma Nurse's patients as needed.
 - d. Ensures the Trauma Care RN has the assistance she/he needs to care for the trauma patient.
 - e. With the assistance of the documenting RN, ensures that traffic control through the trauma room is kept to a minimum. No observers will be allowed unless approved by the trauma attending-first priority is to new ED nurses.
 - i. Observers should stand at the rear of the room behind the documenting

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- RN and if speaking, speak quietly.
- ii. Caregivers will be those numbers of persons from each department designated on the trauma team list and no others unless specifically requested (interpreter or disaster situation).
- f. Maintains radio communication and relays updated information to the team members.
- g. Involves the Chaplain or Social worker as indicated.
- h. Notifies the house clinician of bed needs as directed by the team leader. Gives brief report to clinician.

VI. Trauma Care Nurse (ED RN)

- a. Prepares the room for the patient based on the pre-hospital report.
- b. Begins the primary survey upon the patient's arrival by removing the clothing on the right arm and assessing a manual BP, pulse, respirations then applying the monitor for continuous reads.
- c. Utilizes the defib monitor if defib or cardioversion is needed.
- d. Assist with a brief neuro exam.
- e. Inserts IV's as needed and directed by the team leader.
- f. Directs the ED tech to get blood at appropriate time.
- g. Assures that Foley insertion is performed at the appropriate time. Assures temperature is obtained (use rectal route for unconscious patients) within 30 minutes of patient's arrival.
- h. Performs the secondary survey with the surgical resident and intervenes as directed by the team leader.
- i. Gives medications as directed and indicated. Assures that pain management and sedation have been addressed.
- j. Monitors the patient's vital signs (see vital signs policy for trauma patients) and intervenes as indicated and as directed by the team leader.
- k. Anticipates transfer to x-ray, ICU, OR, or floor and ensures notification of the area and report by telephone or in person.
- l. Accompanies the patient to diagnostic studies and monitors the patient continuously to include neuro checks at least hourly.
- m. Assess the need for emergent blood release and calls for blood as needed.
- n. Ensures that the second H/H is drawn in one hour, if indicated.
- o. Ensure that the patient and family are informed of treatment progress as appropriate, facilitating family presence, when appropriate.
- p. Ensures patient's valuables are secured and forward them to family, security, or police (homicide) as appropriate.
- q. Ensures the restocking of the trauma room.

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VII. Documenting Nurse:

- a. Responds to the Trauma call.
- b. Begins to document the pre-hospital information provided by the ED Clinician on the patient's chart prior to their arrival.
- c. Documents the names of the trauma team members along with their time of arrival (including consultant and trauma attending response times).
- d. Works in conjunction with the ED tech to obtain blood products as indicated by primary RN or team leader. Assists the primary RN in contacting blood bank and entering appropriate orders.
- e. Documents in EMR all information provided by the primary RN and other team members regarding patient assessment and patient response to treatment.
- f. Assures that documentation of vital signs, patient assessment information and patient responses to interventions.
- g. Documents all medications given and times of administration with appropriate order entries.
- h. Reports lab results to the team, keeps team members informed regarding patient information received from police, family, EMS and lets the team know when the family arrives.
- i. Requests the assistance of the Spiritual Care provider if family needs to be located.
- j. Keeps the Spiritual Care provider/family support facilitator updated as appropriate for the family
- k. Remains with the patient and team until released by the primary ED RN.

VIII. ED Pediatric Nurse: in the case of child < 15 years

- a. Respond to the resuscitation room to assist in the care of the Pediatric trauma patient.
- b. Assist in the set-up of the room based on patient report.
- c. Serve as primary nurse in assessing the patient.
- d. Establish IV access as needed.
- e. Calculates and administers pediatric medications, IV fluids, and blood replacement as directed by the team leader.
- f. Stays with patient until movement to another hospital location or until patient is stabilized.
- g. If called to assist with an emergency delivery, the nurse prepares for infant care with Neonatology and Pediatric Respiratory Therapy.

IX. OB Nurse:

- a. Responds to resuscitation room for a trauma patient >20 weeks pregnant; brings fetal monitor from the OB unit or set-ups monitor located in the ED.

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- b. Places the fetal monitor on the patient as directed by the team leader and stays with the patient through resuscitation and diagnostic testing.
- c. If emergency delivery is to occur assists the ED RN with care of the mother post-delivery.

X. Respiratory Therapy:

- a. Therapists respond to the resuscitation room.
- b. Therapist stands at the head of the bed to support the patient's airway management. Placing patient on appropriate oxygen per protocol, assist the person intubating; to hand supplies; set up and control the ventilator as needed; run ABG on iStat.
- c. Sets up the suction and all airway equipment including the oral-pharyngeal airway, ET tubes, laryngoscope, glidascope, and bag-valve mask.
- d. After assisting with intubation, bags the patient after ET tube placement is confirmed, and continuously monitors the patient's airway and ventilation status until relieved.
- e. Places the patient on the ventilator after the ET tube is secured and placement is confirmed.
- f. Reports ABG results to the resuscitation team.
- g. Checks with team leader prior to leaving room to ensure no further airway management is required.

XI. Radiology Technician:

- a. Upon notification of a trauma, one or two technicians will report to the trauma room and stand behind the documenting RN until requested to begin x-rays.
- b. Technician #1 obtains films as directed by the team leader.
- c. Technician #2 assists #1 in placing the plates for the s-rays, processing and loading completed films to Amicas for digital viewing in the trauma bay.
- d. Assistance is provided to maintain spine precautions.

XII. Spiritual Care Provider/Social Worker:

- a. Upon hearing trauma called and/or receiving notification by pager, the Spiritual Care provider/Social worker reports to the resuscitation room.
- b. Obtains a report of the situation, patient name if available, and alerts the ED registration area to watch for family.
- c. Assist the documenting nurse in alerting family by phone, if requested.
- d. Escort family to the private waiting area and alert the documenting RN of arrival.
- e. Support the family as the trauma team provides updates of clinical picture/treatments.

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- f. Escorts family to treatment area when requested by the trauma team.
- g. Provides updates to family as directed by the team.
- h. Assists the family to the appropriate waiting area or patient room as directed by the trauma nurse.

XIII. Emergency Technicians:

- a. Goes to Transfusion Services to obtain Trauma 1 blood cooler (emergency release).
- b. Assist in preparation of room/equipment/trays.
- c. Assists with moving/restraining patient as directed by primary RN or team leader.
- d. Ensures removal of all clothing taking particular care to have their disposal documented by the documenting RN (this includes all valuables).
- e. Performs CPR when necessary.
- f. Places identification band on the patient, if not completed by registration. Places of choice in order in which they should be used:
 - i. Left wrist
 - ii. Right wrist
 - iii. Either ankle
 - iv. Taped to forehead
- g. Helps positing patient for x-rays.
- h. Assist with all trauma procedures.
- i. Assist with transport of patient by preparing and properly placing equipment for transfer of the patient:
 - i. Portable monitor including pulse oximetry
 - ii. Oxygen
 - iii. IV pump
 - iv. Suction
 - v. Defibrillator
- j. Returns cooler to Blood Bank as soon as possible (within one hour) with any unused blood.

XIV. Family Support Liaison:

- a. Determine patient's preference for family presence if appropriate.
- b. Assess the family for readiness to enter the trauma room.
- c. Work in conjunction with Spiritual Care provider/Social worker to keep family updated on patient status.
- d. When deemed appropriate by the Attending, the family support liaison will accompany the family to the bedside.
- e. Be readily available for the family to provide explanation, emotional or physical

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support.

- f. Work in conjunction with Spiritual Care provider/Social worker to assist family to appropriate waiting room or patient room when appropriate.

XV. Emergency Department Registration:

- a. Register patient in EMR.
- b. Provides new information as obtained from the family/police/EMS to the trauma team.
- c. Confirms name and date of birth before placing the patient armband.

Emergent Registration

Patients registered in the EMR as Emergent will be assigned a new medical record number on presentation. This number will remain the patient’s number throughout the current admission and any future admissions if the patient is new to the system. For patients with pre-existing medical record numbers, encounter information will be merged with the pre-existing medical record number after discharge.

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