To define roles of the Trauma Alert Response Team members.

DEFINITION

The following policy defines the responsibilities of each Trauma Team member during the resuscitation of a seriously injured patient.

POLICY STATEMENT: Clearly defined roles and responsibilities for the Trauma Alert Response Team members assure the most efficient evaluation and treatment of the acute trauma patient.

I. Inner Core Team

A. The Inner Core Team provides clinical “hands on” care to the trauma patient.

B. Inner Core Members include:
   - Attending Trauma Surgeon
   - Emergency Attending Physician
   - Surgery Resident(s)
   - Emergency Nurse(s)
   - Paramedic/PCT
   - Respiratory Therapist

C. The Inner Core Team must use Universal Precautions. This includes mandatory trauma gown over lead apron, gloves, mask and eye guards. Caps and shoe covers are optional. PPD as indicated.

D. Primary and Secondary Assessments are completed by the Inner Core Team and will follow the guidelines established by the American College of Surgeons and the Emergency Nurses Association using the A through I mnemonic:
i. **Primary Assessment**

A = Airway and Alertness w/cervical spine immobilization  
B = Breathing & ventilation  
C = Circulation and control of hemorrhage  
D = Disability (neurologic status)  
E = Expose/Environmental control  

ii. **Secondary Assessment**

F = Full set of vital signs/and family presence  
G = Get resuscitation adjuncts (LMNOP)  
H = History and Head-to-toe assessment  
I = Inspect the posterior surfaces

II. **The Outer Core Team**

A. The Outer Core Team provides support to the Inner Core Team and to the patient’s family. Outer Core Team members assemble outside of the trauma resuscitation room, entering only when prompted by the Attending Trauma Surgeon and or the Nurse Captain.

B. Outer Core Members include:
   - Transporter (Integrated Services/Patient Escort)  
   - Security Officer  
   - Chaplain  
   - Social Services Team Member  
   - Child Life Specialist  
   - Radiology Technician(s)  
   - ED Clerical Person  
   - ED Charge RN

C. The Outer Core Team members will comply with Universal Precautions when in the Inner Core.

III. **Roles and Responsibilities of Team Members**

A. **Attending Trauma Surgeon**

   i. Assumes and maintains line of responsibility and patient accountability. 
   ii. Assigns role of Team Captain (usually the most senior Surgery Resident).  
   iii. May need to assume role of Team Captain if patient condition dictates.  
   iv. Provides medical guidance and acts as a resource for the Team Captain.  
   v. Assures that nonessential personnel remain outside Trauma Room.  
   vi. Must be familiar with roles and responsibilities of all Team members.  
   vii. Must be expert in resuscitation techniques and intervene as necessary.  
   viii. Coordinates activities by “stepping back” from the action of the Team, assuring that patient care priorities are met in an orderly sequence.  
   ix. Keeps family informed and obtains necessary consent forms.  
   x. Communicates with anesthesiologist. 
   xi. Communicates with OR scheduling desk re: procedure to be performed
**If, for any reason, the Attending Trauma Surgeon is delayed, is unable to respond, or must leave the room, the Attending Adult or Pediatric Emergency Medicine Physician assumes this role.**

**B. Team Captain** (Mobile, yet usually in front of the Attending Trauma Surgeon)
This role will usually be assumed by a Senior Surgical Resident, PGY 4 or 5; however, it may be assigned to any physician per Attending Trauma Surgeon. Responsible for initial communication with the nurses and clinical partners, assigning duties and/or assisting in room set up.

i. Assumes primary responsibility for the patient and coordinates the Trauma Team.

ii. Performs primary and secondary assessments or delegates to the Procedure Physician.

iii. Sets priorities for diagnostic evaluation/treatment and gives all orders. (Team Captain is the ONLY PHYSICIAN who will give orders during trauma resuscitation. All suggestions or opinions by other involved physicians or Team members should be channeled through the Team Captain.)

iv. Assigns tasks to physicians and nurses involved in the resuscitation and coordinates their individual tasks/duties (i.e. ultrasound exams, gastric tubes, Foley catheters, etc.).

v. Confers with the Airway Physician and Attending Trauma Surgeon regarding urgent airway control, and sedation drugs.

vi. Assures CT Scan Technician/Arteriography Technician is notified if studies are possible.

vii. If a major procedure is to be performed by the Team Captain (i.e., emergency thoracotomy, cricothyroidotomy), the Team Captain role will be assumed by the Attending Trauma Surgeon.

viii. Continuously updates the entire Team as to the patient condition(s) and plans.

**C. Airway Physician** (Stays at the head of the patient, may be mobile after airway and cervical spine secured.) The role is assigned by the Team Captain at the Attending Trauma Surgeon’s direction. The Airway Physician is responsible for evaluation and management of the trauma patient’s airway and cervical spine control.

i. Confers with Team Captain regarding need for establishing controlled airway by sedation/muscle paralysis and endotracheal intubation.

ii. Performs Primary Assessment.

iii. Calculates analgesic and sedative medication doses

iv. Ensures airway medications are given appropriately.

v. Responsible for protection of patient’s cervical spine.

vi. Ensures the patient receives oxygen and suctioning as needed.

vii. Performs intubation and maintains ventilation.

viii. May perform surgical airway (needle cricothyroidotomy or cricothyroidotomy) as directed by Team Captain when necessary.

ix. Performs or delegates insertion of NG or OG under the Trauma Team direction.

x. Monitors CNS status, obtains medical history from the patient, and explains events to patient.

xi. Determines need for pain control and sedation and informs Team Captain.
D. **Procedure Physician** (Usually stands on the LEFT side of the patient, may be mobile) This role will be performed by a Surgery Resident with the assistance of a Pediatric Resident as appropriate.

i. Assists in cutting and removal of patient clothes.
ii. Assists with primary and secondary assessment as needed, if delegated.
iii. Performs femoral vein/arterial phlebotomy as directed by Team Captain, if indicated. May delegate venous phlebotomy draw to a Nurse. Obtains enough blood for Level I and Level 2 Trauma Labs including initial ABGs from femoral artery or other artery as appropriate.
iv. Performs any necessary procedures as directed by the Team Captain (i.e., chest tube thoracotomy, DPL, central venous line placement, assists Trauma Nurses with insertions of NG/OG, Foley catheter, IV’s, medication, and blood infusions as needed.

E. **Airway Nurse** (Must be mobile; may begin on patient’s RIGHT side, near the Procedure Physician.)

**Qualifications:** Experienced ED Registered Nurse with TNCC or TPATC certification and completion of Trauma Nurse competencies. For adult patients, a Pediatric ED nurse; for pediatric patients, an adult ED nurse. Specific duties include:

i. Prepares room and equipment for possible airway procedures and administration of airway medications.
ii. Applies pulse oximetry
iii. Assures ETCO2 is applied by Respiratory Therapy
iv. Assures vital signs, including auto BP, GCS and pain are assessed.
v. Monitors and reports physiological parameters.
vi. Assists with intubation or airway management as needed. Assist in securing ET tube.
vii. Ensures c collar is correct fit.
viii. Removes patient’s jewelry and earrings.
ix. Inserts NG/OG as ordered.
x. Assists with procedures as appropriate such as chest tube insertion.
xii. In collaboration with PCT, ensures the room, trauma cart and trauma mobile bag is restocked.

F. **Circulation Nurse** often begins on the patient’s LEFT side, and is mobile.

**Qualifications:** Experienced ED Registered Nurse with TNCC or TPATC certification and completion of Trauma Nurse competencies. For adult patient, an adult nurse; for pediatric patient, a pediatric nurse. Specific duties include:

i. Assures that pressure is being applied to active bleeding.
ii. Warming measures administered (warm blankets) and warm fluids.
iii. Measures manual blood pressure.
iv. Inserts large bore peripheral IV (preferable antecubital)
v. Ensures labs drawn per ED Trauma Lab Procedure and proper sequence of lab draw.
vii. Ensures that the Paramedic/PCT has set up and primed the rapid infuser with appropriate IV solution.
vii. Change field IV fluids to warm IV fluids.
viii. Administers IV medications.
ix. Administers blood products as ordered.
x. Assists in preparing for transport; obtain equipment, supplies and medications.
xi. May accompany Nurse Captain to OR/CT if patient’s condition warrants.

G. Nurse Captain (Mobile in room with computer)

**Qualifications:** Experienced ED Registered Nurse with TNCC or TPATC certification and completion of Trauma Nurse competencies. This nurse must be able to communicate effectively with the Physician Captain and other members of the Trauma Team. For an adult trauma, this will be an Adult ED Nurse; for pediatric trauma, this will be a Pediatric ED Nurse. Specific duties include:

i. Prior to patient’s arrival, Nurse Captain prepares Typenex band and turns on video camera per policy.
ii. Assures correct Typenex Identification band is placed on patient, upon arrival. This band needs to be placed prior to blood draws.
iii. In conjunction with the Physician Captain, maintains control of the room. May ask people to leave the room based on infection control measures, medical interventions, space restrictions or disruptive behavior.
iv. In conjunction with the Physician captain, completes appropriate order set for Level I or Level II Trauma.
v. Communicates with ancillary departments, i.e. Operating Room, Blood Bank and Radiology
vi. Keeps Team updated on availability of ancillary services.
vii. Maintains documentation in Trauma Narrator. Patient Arrival and Trauma Start time and include Trauma team page and arrival times, vital signs, including GCS, Physical findings as called out by the Airway and procedure Physicians, procedures performed and patient responses, fluids, and blood products, etc. Documents intake/output and notifies team members of every 500 cc fluid and each unit of blood the patient receives. Documents lab values, medications administered, initial Trauma Score and Trauma Score upon discharge. Notifies physicians of lab results, etc.
viii. Checks blood and medications. Communicates required patient information to the Blood Bank for Massive Transfusions: communicates positive identification via phone call to Blood Bank: including: physician, medical record number and Typenex number.
ix. Obtain valuables, documents, and gives to patient representative.
x. Assists in the completion of physician orders, emergency requests for uncrossmatched blood documents, consent forms, etc.
xi. Accompanies patient to OR, CT, Angiography, or to the nursing unit with the appropriate equipment.
\[xii.\] Gives brief report to the receiving RN prior to ED discharge.

H. Respiratory Therapist responds to Level 1 Trauma Alert or Level 2, per request. (Stands at the Head of the Patient) – Must use Inner Core Team Universal Precautions, including lead apron. Assists the Airway Physician, duties include:

i. Provides oxygen, ventilation, and suctioning.
ii. Assists in preparation of equipment needed for airway management.
iii. Assists with airway maneuvers.
iv. Application of end tidal CO2
v. Secures ET tube and monitors ET tube placement continuously.
vi. Provides ventilation (monitors/re-assesses patient’s respiratory effort).
vii. Arranges and maintains ventilator.
viii. Helps guard airway while patient is being moved.
ix. May assume responsibility for airway management, if delegated.

I. Surgery Nurse

i. Communicates from OR to the ED for Level I Trauma Alerts in order to facilitate events between departments.
ii. Prepares OR suite to receive the urgent/emergent trauma patient.
iii. Calls in additional OR personnel as needed.
iv. Notifies Anesthesia of all urgent/emergent trauma patients.

J. Paramedic/PCT (Must be mobile) Adult Paramedic/PCT for Adult Trauma Alerts, Pediatric PCT for Pediatric Trauma Alerts.

i. Assists Trauma Nurses in room setup prior to patient arrival per patient report, (i.e pleurovacs, warm room, etc.)
ii. Assists in removal of patient’s clothes, places warm blankets on patient, bags them, hands off to Nurse Captain.
iii. Places cardiac monitor, pulse oximetry, automatic BP cuff on patient and obtains temperature
iv. Runs cardiac rhythm strip and hands to Nurse Captain.
v. Assists with procedures set-up (obtains equipment and supplies). Assists the Circulation Nurse with placement of IVs, drawing labs and labeling lab tubes.
vi. Assist with performance of I-stat lab study, prints results and documents I-stat for downloading to patient electronic record. Gives I-stat results to Nurse Captain or Trauma Attending.
vii. At beginning of each shift and after each trauma resuscitation checks the trauma room/carts for sufficient stock; works with Central Processing.
viii. Applies direct pressure to bleeding wounds as directed by either the Trauma RN or Physician.
ix. Performs cardiac compressions as needed.
x. Prepares patient for transport to CT or OR upon the direction of Team Captain.
xi. Assists in moving, lifting, transporting, or restraining patient when necessary.
"xii. Keeps trauma room setup organized and floor clear of debris.

K. Paramedic/PCT Pediatric Paramedic/PCT for Adult Trauma Alerts; Pediatric PCT for Adult Trauma Alerts

i. Assists Flight Crew in offloading helicopter.
ii. Offers assistance as needed.
iii. Responds to Blood Bank as needed on Level 1 Trauma Alert Activations for issue of blood products with proper patient identification information (Name if known, Medical Record Number and Typenex Number)
iv. Returns to ED to perform routine job duties.
L. **Transporter (Patient Escort)/Integrated Services/ED**
   
   i. Will respond to all Trauma Alerts (Level I or Level 2).
   
   ii. Responds to Blood Bank on Level I Trauma Alert Activations with proper patient identification (Name if known, Medical Record Number and Typenex Number).
   
   iii. Receives blood from the Procedure Physician, Trauma Circulation Nurse or Paramedic/PCT and transports Typenex labeled vials to the Lab.

M. **Public Safety**
   
   i. Secures a safe scene for patient and staff in ED/IMMC.
   
   ii. Controls traffic flow in the ED during the resuscitation.
   
   iii. Assists in movement of patient to OR, CT, nursing units, etc.
   
   iv. Assesses ED scene and calls for public safety backup as appropriate.
   
   v. Assists in securing patient valuables.
   
   vi. Unloads patient from the helicopter.

N. **ED Clerical Personnel**
   
   i. Assigns/documents Trauma Team in EPIC with start of shift.
   
   ii. Upon notification of patient, pre-registers patient using anonymous naming system.
   
   iii. Calls Blood Bank prior to arrival on Level 1 Traumas with the patient’s Typenex (MR# if known), the Physician ordering blood, and specific reason for requesting uncrossmatched blood i.e GSW to abdomen, MVC with hypotension.
   
   iv. Prints patient labels and hands Typenex band and patient labels to Nurse Captain.

O. **Laboratory**
   
   i. Receives drawn blood from Transporter.
   
   ii. Processes testing specimens as STAT orders.
   
   iii. H/H will be communicated to ED within 10 minutes of collection.
   
   iv. Communicates all lab results STAT to the Nurse Captain or ED Charge Nurse.

P. **Radiology**: Remains in the Outer Core until called into resuscitation room by Team Captain.

Q. **Blood Bank**
   
   i. Will provide 2 units of uncrossmatched O Negative PRBCs and 2 units FFP immediately upon request. Emergency Request information will include: patient’s Typenex #, ordering physician, reason, (i.e. hemorrhagic shock due to MVC (Motor Vehicle Crash)).
   
   ii. Blood and FFP will be sent in a cooler with Emergency Request for uncrossmatched blood form. Upon completion of the form, the white copy should be placed with the Medical Record and the yellow and pink copies sent back to the Blood Bank.
   
   iii. Blood Bank will provide Type and Crossmatched blood ASAP per request.
   
   iv. Assures implementation of Massive Transfusion procedure immediately upon request from the Trauma Attending or Trauma Nurse Captain.
R. **ED Charge RN**

i. Assists Security in identifying the trauma patient.
ii. Notifies the trauma patient’s family. Social Services and Chaplaincy may assist in this process.
iii. Works with the family and ED Registration to register the patient.
iv. Assists the Nurse Captain and Trauma Team as needed.

S. **Social Services**

i. Supports ED Charge RN in the identification of the patient and notification of family members, communicating closely with Nurse Captain and ED Charge RN.
ii. Meets family upon arrival and notifies Attending Trauma Surgeon/ED Charge RN.
iii. Stays with family, offers support, and facilitates communication between Medical staff and family.
iv. Assists in referrals as needed.
v. Assesses family dynamics and communicates to the Attending Trauma Surgeon and or Nurse Captain/ED Charge RN.

T. **Chaplaincy**

i. Chaplaincy will provide appropriate emotional and spiritual care to patient and family.
ii. Provides presence, prayer, scripture as appropriate.
iii. Makes a spiritual assessment of patient and family’s needs.
iv. Assists the family with the contact of personal pastor, priest or other support persons as appropriate.
v. Facilitates communication between family and staff. Supports the ED Charge Nurse or the Social Services staff in notification of the patient’s family.
vi. Provides comfort and support to patient, family and staff.

U. **Registration:** Patient Registrar will go to the patient’s family on guidance of the ED Charge RN, Social Services, or Chaplaincy, to obtain information to update the patient’s account.

V. **Child Life Specialist** Responds to Pediatric Trauma Alerts. (Moves into the Inner Core after the Primary Survey, and stands near child’s head). This person will stay with the patient, explaining procedures and supporting the child and family.