

Trauma Center Practice Management Policy
Iowa Methodist Medical Center and Blank Children's Hospital
Des Moines, Iowa

TRAUMA ALERT RESPONSE TEAM POLICY	
Policy #15	
ADULT AND PEDIATRIC Practice Management Policy	Effective: 04/24/2015
Contact: Trauma Center Medical Director/ Trauma Center Program Manager	Last Reviewed: 01/29/2017

PURPOSE

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 (for Pediatric Trauma Alerts or upon surgeon request for Adult Trauma Alerts)
 - Surgery Resident(s)
 - Emergency Nurse(s)
 - Paramedic/PCT
 - Respiratory Therapist
- C.** The Inner Core Team must use Universal Precautions. This includes mandatory moisture resistant gown over lead apron and gloves. Face shield/mask, disposable surgical cap, shoe covers and eye protection will be worn for all invasive procedures.

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**

C = Look for uncontrolled external hemorrhage

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)
- Public Safety Officer
- Chaplain
- Social Services Team Member
- Child Life Specialist
- Radiology Technician(s)
- ED Charge RN
- Registration
- Pharmacist

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 Physician Captain (usually the most senior Surgery Resident).
- iii. May need to assume role of Physician Captain if patient condition dictates.

- iv. Provides medical guidance and acts as a resource for the Team Physician 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. Physician Captain

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 Paramedic/PCT 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. (Physician 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 Physician 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 Physician Captain (i.e., emergency thoracotomy, cricothyroidotomy), the Physician 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 either the Physician Captain or the Attending Trauma Surgeon. The Airway Physician is responsible for evaluation and management of the trauma patient’s airway and cervical spine control.

- i. Confers with Physician Captain or Attending Trauma Surgeon 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 Physician Captain or Attending Trauma Surgeon.
- ix. Performs or delegates insertion of NG or OG.
- x. Monitors CNS status, obtains medical history from the patient, and explains events to patient.
- xi. Determines need for pain control and sedation.

D. Procedure Physician

This role will be performed by a Surgery Resident.

- 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 either the Physician Captain or the Attending Trauma Surgeon. If indicated, may delegate venous phlebotomy draw to a Nurse. Obtains enough blood for Level I or Level 2 Trauma Labs including initial ABGs from femoral artery or other artery as appropriate.
- iv. Performs any necessary procedures as directed by the Physician Captain or Attending Trauma Surgeon (i.e., chest tube thoracotomy, DPL, central venous line placement, assists Trauma Nurses with procedures as needed.

- E. Nurse Captain:** (Mobile in room with computer) for an adult trauma, this will be an Adult ED Nurse; for pediatric trauma, this will be a Pediatric ED Nurse.

Qualifications: Experienced ED Registered Nurse with TNCC 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. Specific duties include:

- i. Prior to patient's arrival, Nurse Captain turns on video camera per policy.
- ii. Assures correct Typenex Identification band is placed on patient per ED Registration procedure. This band needs to be placed prior to blood draws.
- iii. In conjunction with the Trauma Surgeon 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 Trauma Surgeon completes appropriate orders 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. Completes documentation in Trauma Narrator including: patient arrival and trauma start time, trauma team page and physician arrival times, vital signs and GCS. Documents primary and secondary assessment and interventions performed. Assures balanced fluid resuscitation.
- viii. Notifies physicians of lab results.
- ix. 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.
- x. Obtain valuables, documents in trauma narrator and hands off to Public Safety Officer.
- xi. Assists in the completion of physician orders, emergency requests for uncrossmatched blood documents, consent forms, etc.
- xii. Accompanies patient to OR, CT, Angiography, or to the nursing unit with the appropriate equipment.
- xiii. Ensures patient and staff safety; including transfer of patient using transfer device.
- xiv. Gives brief report to the receiving RN prior to care hand-off.

F. Circulation Nurse: (Nurse A) for adult patient, an adult nurse; for pediatric patient, a pediatric nurse.

Qualifications: Experienced ED Registered Nurse with TNCC certification and completion of Trauma Nurse competencies. Specific duties include:

- i. Assures that pressure is being applied to external bleeding.
- ii. Warming measures administered (warm blankets) and warm fluids.
- iii. Measures manual blood pressure.
- iv. Assures two large bore peripheral IV (preferable one antecubital).
- v. Ensures labs drawn per ED Trauma Lab Procedure and proper sequence of lab draw.
- vi. 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. Airway Nurse (Nurse B) For adult patients, a pediatric ED nurse; for pediatric patients, an adult ED nurse.

Qualifications: Experienced ED Registered Nurse with TNCC certification and completion of Trauma Nurse competencies Specific duties include:

- i. Prepares room. Applies pulse oximetry.
- ii. Assures ETCO₂ is applied.

- iii. Assures vital signs, including auto BP, GCS and pain are assessed.
- iv. Monitors and reports physiological parameters.
- v. Assists with intubation or airway management as needed. Assist in securing ET tube.
- vi. Ensures c-collar is correct fit.
- vii. Removes patient's jewelry and earrings.
- viii. Inserts NG/OG as ordered.
- ix. Assists with procedures as appropriate such as chest tube insertion.
- x. In collaboration with PCT, ensures the room, trauma cart and trauma mobile bag is restocked.

H. Trauma Care Coordinator: Responds to Level 1 and 2 Trauma Alerts when scheduled. Available to mentor, assist and problem solve as needed throughout the trauma resuscitation.

I. Respiratory Therapist: Responds to Level 1 Trauma Alert and (Level 2, per physician request) – 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 ETCO₂
- 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/transferred.
- ix. May assume responsibility for airway management, if delegated.

J. Paramedic/PCT: Adult Paramedic/PCT for Adult Trauma Alerts, Pediatric PCT for Pediatric Trauma Alerts.

- i. At beginning of each shift and after each trauma resuscitation checks the trauma room/carts for sufficient stock; works with Central Processing.
- ii. Assists Flight Crew in offloading helicopter Peds PCT for Adult Trauma Alert and Adult PCT for Peds Trauma Alert.
- iii. Assists Trauma Nurses in room setup prior to patient arrival per patient report, (i.e pleurovacs, warm room, etc.)
- iv. Applies direct pressure to bleeding wounds as directed by either the Trauma RN or Physician.
- v. Assists in removal of patient's clothes, places warm blankets on patient, places clothes/patient belongings in patient bag and hands off to Nurse Captain.
- vi. Assists with placement of cardiac monitor, pulse oximetry, automatic BP cuff and obtains temperature.
- vii. Assists with procedures set-up (obtains equipment and supplies). Assists the Circulation Nurse with placement of IVs, drawing labs and labeling lab tubes.
- viii. Assist with performance of I-stat lab study, prints results and hands to Trauma Surgeon. Prints second copy of results, places on a sheet of paper and hands to Nurse Captain.

- ix. Performs cardiac compressions as needed.
- x. Prepares patient for transport to CT or OR
- xi. Assists in moving, lifting and transporting patient.
- xii. Keeps trauma room setup organized and floor clear of debris.

K. Surgery Nurse: for Level I Trauma Alerts:

- i. Receives text from ED Charge Nurse within 15 minutes of Trauma Alert stating if MOI is blunt or penetrating (if the OR Charge nurse has not heard within 15 minutes, a call will be placed to the ED Charge nurse).
- ii. Prepares OR suite to receive the trauma patient.
- ii. Calls in additional OR personnel as needed.
- iii. Notifies Anesthesiologist of in charge of potential OR cases.
- iv. After the primary/secondary assessment, either the Trauma Nurse Captain or Trauma Surgeon will communicate with the OR.
- v. Emergent trauma cases will be documented in the OR Room Availability Log.

- L. ED Pharmacist: responds to Level 1 and 2 Trauma Alerts when scheduled: acts as a resource for correct dose, route and administration of medications. May assist with preparation of IV drips.

M. Transporter (Patient Escort)/Integrated Services/ED

- i. Will respond to all Trauma Alerts (Level I or Level 2).
- ii. Transporter will take white piece of paper with patient sticker and Typenex sticker to retrieve the blood cooler and transport to resuscitation room.
- iii. Receives blood drawn from and transports labeled vials to the Lab.
- iv. Hospital transporter will respond to the ED and either relieve the ED Transporter from the trauma duties or help in the ED until the ED Transporter is done with the trauma.

N. Public Safety Officer

- i. Secures a safe scene for patient and staff in ED/IMMC; including lockdown of both Adult and Peds ED per Lockdown Procedure. Communicates that the ED is on lockdown to the Trauma Team.
- ii. Controls traffic flow in the ED during the resuscitation.
- iii. Assists in identification of trauma patient.
- iv. Assists in movement of patient to OR, CT, nursing units, etc.
- v. Assists in securing patient valuables.
- vi. Assists with unloading patient from the helicopter.

O. ED Clerical Personnel

- i. Documents Trauma Team in EPIC at start of shift.

P. Laboratory

- i. Receives drawn blood from Transporter.

- ii. Processes testing specimens as STAT orders.

Q. Radiology: Remains in the Outer Core until called into resuscitation room by Physician Captain or Attending Trauma Surgeon.

R. 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 copy sent back to the Blood Bank.
- iii. Blood Bank will provide Type and Cross-matched blood ASAP per request.
- iv. Assures implementation of Massive Transfusion procedure immediately upon request from the Trauma Attending or Trauma Nurse Captain.

S. ED Charge RN

- i. Takes patient report from EMS and enters information into electronic patient report board via computer.
- ii. Notifies Registration re: trauma alert, trauma surgeon and MOI.
- iii. Notifies OR within 15 minutes of Level I Trauma Alert re: penetrating or blunt injury.
- iv. Assists the Nurse Captain and Trauma Team as needed.

T. Social Services

- i. Assists in the identification of the patient and notification of family members, communicating closely with Nurse Captain and ED Charge RN.
- ii. Once patient identity confirmed, prints off patient's most recent visit (when applicable).
- iii. Meets family upon arrival and notifies Attending Trauma Surgeon/Nurse Captain.
- iv. Stays with family, offers support, and facilitates communication between Medical staff and family.
- v. Assists in referrals as needed.
- vi. Assesses family dynamics and communicates to the Attending Trauma Surgeon and or Nurse Captain.
- vii. Brings family to Trauma Consult/Family Room per Trauma Surgeon request.

U. Chaplaincy

- i. When Social Services is not available, the Chaplain will assist in the identification of the patient and notification of family members, communicating closely with the Nurse Captain and Charge Nurse.

- ii. Chaplaincy will provide appropriate emotional and spiritual care to patient and family.
 - iii. Provides presence, prayer, scripture as appropriate.
 - iv. Makes a spiritual assessment of patient and family's needs.
 - v. Assists the family with the contact of personal pastor, priest or other support persons as appropriate.
 - vi. Facilitates communication between family and staff.
 - vii. Provides comfort and support to patient, family and staff.
 - viii. Brings family to Trauma Consult/Family Room per Trauma Surgeon request.
- V. Registration Clerk will register trauma patients per ED Registration/Blood Product Retrieval Procedure. Registration staff will register all trauma patients (whether anonymous or identified).
- i. Registration will pull Typenex band from drawer of WOW and place one of the stickers on a piece of paper.
 - ii. Registration will place one patient sticker on the same piece of paper.
 - iii. Registration will call Blood Bank and state the following: Typenex identifier, MOI and Trauma Surgeon name.
 - iv. Registration will take patient stickers, Typenex band, and white piece of paper and hand to the Trauma Nurse Captain.
 - v. If patient is in the ED and upgraded to a Level I Trauma or is requiring a Typenex band, ED staff in the Trauma Room will request a Typenex band from Registration.
- 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.

Approved by Trauma Committee, April 24, 2015

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