Introduction:

Initial treatment and stabilization of the trauma patient is critical for safe and successful patient outcomes. This policy outlines general duties of various trauma team members.

Scope:

I. This policy and procedure addresses the initial stabilization of a trauma patient. It specifically addresses the patient’s arrival in the Emergency Department (ED) and stabilization during the initial 30-60 minutes after arrival of a trauma patient.

II. All emergency department staff and other University of Colorado Hospital (UCH) staff that report to the ED to assist with the initial stabilization of a trauma patient are responsible for the roles outlined in this policy.

III. The individual roles of the team members are subject to change based on the needs of the patient and resources available during the resuscitation. The healthcare providers leading the resuscitation may modify the duties of any team member if in the best interest of the patient and it is within the scope of practice of that provider.

Policy Details:

I. Guiding Principles:
   A. Ensure silence for EMS report
   B. Keep talking and noise to a minimum
   C. Verbally acknowledge orders
   D. Inform the source when the request has been completed
   E. When giving orders, ensure their receipt and acknowledgement

Trauma Roles and Responsibilities for Initial Stabilization of Critical Trauma Alerts and Activations

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<th>Effective Date: 3*16</th>
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F. Stand in an area removed from the patient until called upon or dismissed, if not directly involved in patient care
G. Place the patient’s clothing and belongings into labeled bags as soon as possible; refer to evidence collection guideline as needed

II. Roles and Responsibilities of the Trauma Surgeon (Trauma Lead)

A. Arrive within 15 minutes of notification page to the trauma room for a trauma activation;
B. Be available for consultation to ED and trauma resident within 30 minutes for a trauma alert.
C. Identify yourself upon arrival to patient’s room stating name and service
D. Coordinate the roles of the team members with the ED MD, charge nurse and primary nurse.
E. Perform or supervise the primary survey and secondary survey (if not already completed by the ED MD).
F. Perform or supervise surgery healthcare providers in procedures as needed such as chest tube insertion, central line placement, and arterial line placement.
G. Shared responsibility with ED MD for medications and fluids as well as communication about orders as necessary.
H. Communicate patient admission/disposition to ED nursing staff
I. Admit patients to the trauma service
J. Dictate level of care for admission – Intensive Care Unit (ICU) vs Progressive Unit vs floor vs observation
K. Document the patient’s Trauma History and Physical/Co-sign surgery resident healthcare providers note
L. Communicate with anesthesia and the Operating Room (OR) for cases going directly to OR.
M. Communicate with Interventional Radiology (IR) for embolization cases as well as contact appropriate consultants when necessary
N. Communicate with radiology re: results
O. Communicate with the receiving facility to enable transfer out to a specialty center when appropriate
P. Assist with crowd control in the trauma room.

III. Roles and Responsibilities of Trauma Surgery Healthcare Provider under the supervision of the Trauma Surgeon

A. Arrive within 15 minutes of notification page to the trauma room for a trauma activation.
B. Arrive within 30 minutes of notification page to the trauma room for a trauma alert.
C. Identify yourself upon arrival to patient’s room stating name and service
D. Perform the primary survey and secondary survey (if not already completed by the ED MD)
E. Perform procedures as needed such as chest tube insertion, central line placement, arterial line placement
F. Consult/communicate with your on call Trauma Surgeon regarding trauma patient in ED for patients that do not require attendance of Trauma surgeon at bedside (refer to Alert/Activation Policy).

G. Confirm entry or order trauma order set

H. Admit patients to the trauma service under the care of the trauma surgeon attending

I. Communicate patient admission/disposition to ED nursing staff

J. Dictate level of care for admission – ICU vs Progressive Unit vs floor vs observation

K. Communicate with anesthesia and the OR for cases going directly to OR

L. Communicate with IR for embolization cases as well as contact appropriate consultants when necessary

M. Communicate with radiology re: results

N. Communicate with the receiving facility to enable transfer out to a specialty center when appropriate

IV. Roles and Responsibilities of the Emergency Physician & Faculty (ED MD)

A. Present in the trauma room on the arrival of Alert or Activation (TTA)

B. Perform or supervise resident physician in primary survey of the patient and continue with the secondary survey if the trauma surgery attending has not yet arrived

C. Perform or supervise resident physician in airway management

D. Perform or supervise procedures as needed such as chest tube insertion, central venous access, FAST exam if needed

E. Initiate radiology orders as needed and confirm trauma labs and Massive Transfusion Protocol (MTP) have been ordered as needed.

F. Responsible for initial medications and fluids administered prior to trauma surgeon arrival, and then shared responsibility and communication with trauma surgeon.

G. Coordinate the roles of the team members with the trauma surgeon, charge nurse and primary nurse

H. Coordinate priorities when more than one critical patient in the emergency department

I. Communicate patient admission/disposition to ED nursing staff

J. Document care - dictate emergency department note including level of TTA

K. Make triage and transfer decisions in collaboration with the trauma surgeon

L. Determine mode of inter-facility transfer (air vs. ground) in collaboration with the trauma surgeon

M. Communicate directly with receiving physician at a specialty center for patients being transferred.

N. Complete and sign patient transfer form/EMTALA form when indicated

O. Assist with crowd control in the trauma room.

V. Roles and responsibilities of the ED Resident under supervision of Emergency Physician in charge

A. Present in the trauma room on the arrival of Alert or Activation (TTA)

B. Primary survey of the patient and continue with the secondary survey under the direction of the attending emergency physician or trauma surgeon.

C. Perform airway management

D. Ensure that in-line cervical spine immobilization is delegated for the intubation.

E. Perform procedures as needed such as chest tube insertion, central venous access, FAST exam

F. Initiate trauma order set including emergent and massive transfusion blood products as needed

G. Document care in the electronic health record (EHR) including level of TTA.
H. Coordinate priorities for mass casualty situations.
I. Collaborate with ED Attending and Trauma Surgeon regarding triage and transfer of Trauma Patients
J. Determine mode of inter-facility transfer (air vs. ground) in collaboration with the trauma surgeon
K. Communicate directly with receiving physician at a specialty center regarding transfer if so delegated by the attending emergency physician

VI. Roles and Responsibilities of Anesthesia
A. Initially assist with airway management when requested by physician in charge
B. Assist with vascular access (peripheral or central) when requested by physician in charge

VII. Roles and Responsibilities of the ED Charge Nurse
A. Instruct call center to page Alert/Activation based on EMS report & Attending emergency physician consultation; Patient Account Representative (PAR) will then pre-register patient prior to arrival
B. Notify attending emergency physician of patient’s pending arrival and EMS report received
C. Overhead page “Trauma Alert/Activation” with ETA to Resuscitation Room
D. Assist with crowd control in Trauma Room
E. Ensure all team members are wearing appropriate PPE
F. Assess staffing needs, Assign Primary/Secondary RN/tech to room; delegate additional nursing staff as required to attend trauma patient or others in the emergency department
G. Monitor activities of the trauma team
H. Assist with sending of labs when needed
I. Assist others with equipment and procedures as needed
J. Inquire if CT will be needed; notify CT tech to prepare for emergency scan
K. Assist Primary RN with notification to CT/X-ray/OR and other services
L. Copy radiographs if patient will be transferred
M. Ensure originals on CD accompany the patient
N. Assist with communicating with Psych/Social Liaison, Decedent Affairs, Blood Bank, ICU, Progressive Care, OR and Hospital Manager as necessary
O. Notify Hospital Manager of patient’s inpatient bed status

VIII. Roles and Responsibilities of the Primary Nurse
A. Alert team to patient arrival and need for silence during EMS report & request EMS start report.
B. Initiate trauma lab order set per protocol.
C. Document vital signs, Glasgow Coma Score (GCS) and repeat temperatures according to Trauma documentation standards.
D. Ensure that all pertinent medical information necessary for caring for patient is received from EMS prior to their departure
E. Contact Radiology and EKG as needed.
F. Determine the level of transport required for the patient (RN or ED Tech); RN required to accompany Trauma Activation patients.
G. Give report to ICU, Progressive Care, floor, or OR nursing staff
H. Assure that healthcare provider in charge is aware of any changes in the patient’s status
I. Follow EHR Trauma Narrator for documentation of required elements
J. Manage medication drips/blood/fluids during transport to tests and Unit/OR
K. Manage patients medications, fluids, tubes, and drains during period of stay in ED prior to transport to floor/Progressive Care/ICU/OR
L. Contact donor alliance as appropriate
M. In event of death, responsible for initiation of death packet, complete nursing section of death packet, -provide MD with physician portion, assist with post mortem care, assist with preparing body for family member viewing (in accordance with rules related to coroner case vs. morgue).

IX. Roles and Responsibilities of the Secondary Nurse
A. Responsible for trauma room preparation prior to patient arrival
B. Assist EMS/flight crew with transfer from EMS gurney to trauma bed
C. Obtain manual BP
D. Assist with or obtain initial vital signs and report out loud to ED MD/ Trauma Surgeon and critical care nurse. (BP, HR, RR, SpO2, GCS, and temp (rectal or temporal))
E. Maintain/obtain and monitor all intravenous lines.
   i. Obtain fluid resuscitation orders and IV rate from lead healthcare providers. Minimum of 2 large bore IV's in TTA patients with warm fluids. Report to primary nurse total IV intake and urine output at end of emergency department course.
F. Responsible for ensuring all ordered labs are drawn and sent to the lab
G. Draw labs assist ED tech as needed with obtaining initial lab set; includes urine
H. Set up fluid and blood warmer and start blood transfusion as ordered
   i. Receive blood cooler from lab per protocol on Trauma Activation patients and determine from Lead MD if cooler should be kept or returned
I. Assist with removing patient's clothing and place into belonging bag
J. Be aware of evidence collection needs in intentional trauma; do not release belongings in these cases unless permitted to do so by police
K. Prepare and label RSI airway drugs (succinylcholine, Etomidate, etc.) if not already done by ED Pharmacist.
L. Be prepared to administer drugs as ordered by the ED MD
M. Complete patient orders; may delegate to ED Tech within ED Tech scope of practice, must double check work completed by ED Tech. These interventions include but are not limited to:
   a. Insert Foley catheter when authorized by the MD performing the secondary survey and not until cleared for placement
   b. Set up chest tube drainage system if needed
   c. Assist healthcare providers with procedures as needed
   d. Administer tetanus booster and as per orders
   e. Assist with CPR as needed
   f. Set up arterial line, CVP line, central line
N. Draw ABGs as needed

X. Roles and Responsibilities of the ED Technician (Tech)
A. Assist with transfer from the EMS gurney to the trauma bed
B. Assist in removing patient's clothing; cover patient immediately with warm blankets
C. Assist with or attach BP, cardiac and oximetry monitors to the patient
D. Assist with or obtain initial vital signs and report out loud to ED MD/ Trauma Surgeon and Primary Nurse. (Manual BP, HR, RR, SpO2, and temp (rectal or temporal))
E. Maintain/obtain and monitor all intravenous lines.
   i. Minimum of 2 large bore IVs in Trauma Activations.
2. Report to recorder total IV intake and urine output at end of emergency department course.
F. Draw labs: includes assisting in obtaining urine sample/perform point of care (POC) pregnancy test on all females of child bearing age
G. Assist with procedures and set up as needed
H. Assist with transport of patient to CT scanner
I. Place traction splint to femur fractures as directed
J. Assist with splinting/immobilizing injured extremity
K. Assist with CPR as needed
L. Assist with invasive line set up as directed by secondary RN and within scope of practice
M. In case of a death, assist with post mortem care and follow policy for preparing body for morgue or coroner's office

XI. Roles and Responsibilities of the Respiratory Therapist
A. Check airway equipment before the patient's arrival (e.g., suction, laryngoscopes, ambu bag, O2)
B. Maintain oxygen
   1. Ensure SpO2 unit functions properly
   2. Assist ventilation with Bag Valve Mask (BVM) as necessary and as directed by emergency department healthcare providers
C. Assist with intubation
D. Check tube placement after intubation with end tidal CO2 monitor, and secure ET tube
E. Ventilate patient
   1. Set up transport ventilator if necessary
F. Monitor end tidal CO2 and SpO2
G. Draw ABGs as needed
H. Assist with patient airway and ventilation during ED visit and transport to CT/OR/Progressive Care/ICU
I.

XII. Roles and Responsibilities of Pharmacy
A. Report to Resuscitation Room upon receiving Alert or Activation page.
B. Assist in dosing and preparing medications as ordered by the healthcare providers in charge
C. Available for consultation to nursing staff and healthcare providers regarding medications and dosing
D. Available for consultation for education of patients or family members

XIII. Roles and Responsibilities of the Radiology Technologist
A. Radiology Technologist responds immediately to alert/activation page
   1. Transfer portable X-ray machine to trauma room
   2. Prepare for initial radiographs: CXR and pelvis
   3. Place chest plate on trauma cart so that it is under the backboard before patient arrives whenever possible.
B. Obtain radiographic priorities from healthcare providers in charge
C. Notify healthcare providers in charge when films are ready to view on PACS
   a. Upon TTA, CT Technologist evaluates the scanner for time to availability and holds the scanner pending information from the trauma room
XIV. Roles and Responsibilities of the Surgical Trauma ICU (STICU) Nurse
   A. Respond to a trauma alert page by calling the ED Charge Nurse and reporting to the
      ED to assist if the charge nurse indicates more help is required and resources on the
      STICU allow.
   B. Complete or assist with the following procedures as necessary
      1. Insert peripheral IVs as needed
      2. Draw labs as needed
      3. Set up fluid and blood warmer and start blood transfusion as ordered
      4. Insert Foley catheter when authorized by the Healthcare Provider
      5. Set up chest tube drainage system if needed
      6. Assist healthcare providers with procedures as needed
      7. Assist with CPR as needed
      8. Set up arterial line, CVP line, central line
      9. Draw ABGs as needed
   C. Administer medications as ordered by the MD
   D. Assist with transport of patient to CT scan, other procedures areas, and to the
      Surgical Trauma ICU
   E. Prepare STICU for admission of trauma patient if necessary

XV. Roles and Responsibilities of the OR Charge Nurse
   A. Upon receiving a page for Activation, call ED Charge RN and check in
   B. Carry trauma pager and communicate with Anesthesia/Trauma
      Surgeon/Ortho/Neuro Attending regarding the potential need for the OR
   C. Assist in preparing OR when necessary.

XVI. Roles and Responsibilities of the PAR
   A. Send out Alert/Activation notification page according to protocol
   B. Pre-register the trauma patient if possible or register patient immediately upon arrival
      to ensure rapid order entry
   C. Provide patient labels to Trauma Room
   D. Place ID band on patient
   E. Communicate with treatment team as to when patient can have visitors
   F. Communicate with visitors and guests as to when patient can have visitors
   G. Notify security of patient’s “visitor status”
   H. Send page to Trauma Alert/Activation group if/when care of patient is upgraded or
downgraded
   I. Update patient’s demographics when and if available
   J. Help in directing family support person to the members of the family
   K. Call consulting specialties as requested and document time

XVII. Roles and Responsibilities of Security
   A. Assist with transportation of the patient to radiology, unit or helipad as needed
   B. Assist with controlling patients and visitors as needed for the safety of the patient
      and staff
   C. Assist with securing the ED in the case of intentional injury that may result in
      retaliation
   D. Call PAR prior to sending visitors back to treatment area to confirm patient’s “visitor
      status”
XVIII. Roles and Responsibilities of the Family Support Person (Psych/Social Liaison, Social Services, Spiritual Care Team, Decedent Affairs or Administrative Coordinator)

A. Meet family members; escort them to the family room
B. Offer to contact others, e.g., family, friends or clergy
C. For pediatric resuscitations, accompany parents into the trauma room; attend them continuously
D. If the patient is transferred, ensure that family members have transportation and directions to receiving facility
E. In case of a death, assist with Death Packet
F. Decedent affairs, Chaplain, or House Manager Only: Approach family about organ donation when appropriate

XIX. Trauma Nurse Clinician

A. Observe care for quality and process improvement needs

Definitions:

Healthcare Professional: Any individual who is licensed and/or qualified to practice a health care profession (for example: physician, nurse, social worker, clinical psychologist, pharmacist, PT/OT/ST, or respiratory therapist) and is engaged in the provision of care, treatment, or services as defined by their job description.

Healthcare Provider: A credentialed or licensed practitioner who has ordering privileges and prescribing authority.

Primary Survey: The first portion of the assessment of patients presenting with trauma is called the primary survey. Airway, Breathing, Circulation, Disability and Environment are assessed and, life-threatening injuries are identified and simultaneously resuscitation is begun.

Secondary Survey: A head-to-toe evaluation of the trauma patient, including a complete history and physical examination, that takes place after initial stabilization is completed; it includes reassessment of all vital signs.

References:


