TRAUMA RESPONSE POLICY

1. GOALS
The MMSC Trauma Response Policy establishes a standard of care for a defined population of patients that are victims of traumatic injury. The goals of this policy are to accurately identify those patients that have traumatic injuries requiring immediate interventions, to assemble a multi-specialty trauma care team to provide timely care for the patient, to emergently stabilize the patient’s condition and to make rapid disposition of the patient for definitive care.

2. RESPONSE CRITERIA
The traumatically injured patient shall receive care appropriate to the severity of their injuries. Patient arriving at the hospital by ambulance will be expected to have been triaged by the Iowa Department of Public Health, Bureau of EMS “Out of Hospital Trauma Triage Destination Decision Protocol” with notification of the ED physician/staff of their findings. It shall be the responsibility of the ED physician and/or staff to utilize the Iowa Department of Public Health, Bureau of EMS, “Inter-Trauma Care Facility Triage and Transport Protocol” to determine the level of response required for this patient.

Trauma alert: A trauma alert with mobilization of the trauma care team shall be initiated for all trauma patients presenting with a minimum of any of the following criteria:
   a. Confirmed blood pressure less than 90 systolic at any time in an adult (should be adjusted for pediatric populations);
   b. Respiratory compromise/obstruction or intubation;
   c. Transfer patients from another trauma care facility receiving blood to maintain BP;
   d. Emergency physician’s discretion;
   e. Penetrating wounds to the head, neck, abdomen, or chest;
   f. Glasgow Coma Score less than 8 with mechanism attributed to trauma;
   g. Amputations above wrist or ankle;
   h. Suspected neck/back injury with extremity paralysis;
   i. Suspected flail chest;
   j. Multiple long bone fractures;
   k. Pelvic instability

Trauma consults: Patient’s not meeting the above criteria shall receive a thorough evaluation in the emergency department by the ED or other treating physician. Appropriate consults shall be made based on their injuries. Consults with a general surgeon shall be done for those patients having a mechanism of injury or other risk factors for trauma complications as outlined in step 3 and step 4 of the “Out of Hospital Trauma Triage Destination Decision Protocol.” Patients having isolated hip fracture from the same level fall or isolated single-system injuries may not require general surgical consultation.
3. TRAUMA RESPONSE TEAM
It is the goal of the trauma team response to have the following personnel present when the patient arrives in the ED. If minimal or no advance warning has been given of the patient’s pending arrival to the ED, the team shall respond in a timely manner. At the time of notification of the general surgeon consideration shall be given to calling in optional personnel. The utilization of “optional personnel” allows the trauma team to be tailored to the time of day, the number of staff available in the number of patient to be treated. The following personnel shall be designated the trauma team:

a. General Surgeon
b. Emergency Department Physician
c. Emergency Department Nurse (Scribe)
d. EMS Director/Nursing Supervisor/ED Charge-Triage Nurse
e. Respiratory Care Therapist
f. 2nd Nurse/Paramedic
g. Radiology Technologist
h. Laboratory Technologist
i. (optional) Medical Social Worker
j. (optional) Ultrasound Technician
k. (optional) Anesthesiologist
l. (optional) Back-up CT Technician
m. (optional) Back-up Blood Bank Technician
n. (optional) On-call OR Crew
o. (optional) Other Physician Specialists (ie. Ortho, ENT, Pediatrics, etc.)

4. TRAUMA TEAM MEMBER ROLES:
a. General Surgeon
   i. On-call to the emergency department 24 hours a day, 7 days a week; able to respond to the ED promptly after notification.
   ii. Assumes overall responsibility and accountability for care of the injured patient.
   iii. Provides direction to the trauma team to facilitate appropriate and timely care of the injured patient.
   iv. Performs assessments, procedures, diagnostic studies, surgery, and follow-up care as needed.

b. Emergency Department Physician
   i. Is available in the emergency department 24 hours a day, 7 days a week.
   ii. Assumes responsibility for injured patient until assumed by the general surgeon.
   iii. Facilitates triage and personnel assignments in the case of multiple injured patients.
   iv. Responsible to oversee airway management until turned over to anesthesia.
   v. Performs assessments, procedure, and diagnostic studies as needed.

c. Emergency Department Nurse
   i. Is available in the emergency department 24 hours a day, 7 days a week; able to immediately oversee the direct care of the trauma victim.
   ii. Initiates nursing documentation and records the events of the trauma resuscitation.
   iii. Accompanies patient when out of department.
   iv. Identifies patient possessions and secures them.
   v. Ensures stocking of patient care areas before and after trauma resuscitations.
   vi. Oversees crowd control in patient care areas.

d. EMS Director/Nursing Supervisor/ED Charge-Triage Nurse
   i. Acts as liaison between trauma team and hospital departments.
   ii. Notifies OR crew and anesthesia.
   iii. Arranges bed availability and staff coverage for inpatient placement.

e. Respiratory Care Therapist
   i. Available in-house 24 hours a day, 7 days a week.
   ii. Works under the direct supervision of a physician to assure the patient has a patent airway and optimal ventilation and oxygenation.

f. Paramedic/2nd Nurse
   i. Is available in the emergency department 24 hours a day, 7 days a week.
   ii. Places hospital identification bracelet on patient.
   iii. Establishes and maintains intravenous lines.
   iv. Inserts nasogastric tube and urinary catheter.
v. Obtains vital signs.
vi. Obtains necessary supplies and equipment for team members.
vii. Connects patient to cardiac monitor, NIBP and pulse oximetry.
ix. Assists with procedures as needed to include: diagnostic peritoneal lavage; Chest Tube Placement; placement of invasive monitoring lines; venous cut downs; casting/splinting; etc.
g. Radiology Technologist
   i. Is available in-house 24 hours a day, 7 days a week; able to respond to the ED within 10 minutes of notification.
   ii. Obtains films as ordered.
   iii. Contacts the radiologist to interpret the films as directed by the surgeon caring for the patient.
   iv. Available for immediate head CTs.
   v. CT technician available on-call to assist with multiple exams and able to respond promptly to ED after notification.
h. Medical Social Worker
   i. Acts as liaison between family/friends of patient and trauma care team.
   ii. Contacts clergy.
   iii. Assists with crowd control during resuscitations.
   iv. Able to respond to ED with 30 minutes of notification.
i. Laboratory TECHNOLOGIST
   i. Available in-house 24 hours/day, 7 days a week; able to respond to the ED promptly upon notification.
   ii. Identifies trauma victims and expeditiously collects laboratory samples as directed by the physician.
   iii. Reports all lab findings to patient’s physician in a timely manner paying particular attention to values considered critical deviations from norms.
   iv. Prepares blood for transfusion and utilized on-call staff to assist when overwhelming workload will interfere with completion of task in a timely fashion.

5. TEAM NOTIFICATION
The trauma team members will be notified by the Emergency Department Assistant upon the initiation of a trauma alert.

6. TIMELINESS OF CARE
The severely injured patient has injuries that require emergent care. Every effort will be made to expedite the ordering and completion of diagnostic studies and the completion of therapeutic interventions. A team approach to care will be utilized so many events can be occurring simultaneously. It will be the responsibility of the general surgeon to coordinate the care being given. In the event, the surgeon is not present, the ED physician shall direct care until such time as the general surgeon is available.

The ordering of diagnostic tests shall be the responsibility of the treating physician working with the other team members to care for the patient. A Trauma Panel I shall be ordered immediately upon the arrival of a trauma alert patient. This shall include a complete blood count, blood gases, blood alcohol, urine drug screen, urine analysis, and a pregnancy test for all females of child bearing age. Some tests may be deleted or modified at the discretion of the physician. The lab tech will also obtain samples for most other tests that may be anticipated for this patient. The patient will be banded so blood can be ordered as needed. The panel also includes a portable flat plate chest and pelvic x-ray and a cross table e-spine. A Trauma Panel II may be considered as needed which shall include a comprehensive metabolic profile, PT/PTT, and Amylase.

RESOURCES:
1. Marshalltown Medical & Surgical Center Trauma Response Policy, Sept. 2000
2. Iowa Department of Public Health, Bureau of EMS, Area Trauma Care Facility Categorization and Verification Criteria, Nov. 2001
3. Iowa Department of Public Health, Bureau of EMS, “Out of Hospital Trauma Triage Destination Decision Protocol”
4. Iowa Department of Public Health, Bureau of EMS, “Inter-Trauma Care Facility Triage and Transfer Protocol”

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