

SABETHA COMMUNITY HOSPITAL Emergency Department Policy

Trauma Team Activation

I. Members of the Trauma Team and Duties

A. Physician on-call will serve as the trauma team leader

- Perform primary and secondary survey
- Perform or delegate airway management
- Perform procedures as needed such as chest tube insertion, central venous access, intraosseus access
- Order appropriate laboratory studies and radiographs
- Order medications and fluids
- Determine need for transfer and appropriate mode of transfer
- Communicate directly with the receiving physician
- Document case, complete and sign transfer form if used

B. Registered Nurse currently serving as charge nurse

- Prepare trauma room prior to arrival if possible
- Assist EMS with transfer to trauma bed
- Attach BP, cardiac, and oximetry monitors to patient
- Obtain vital signs (including rectal temperature in cases of hypothermia) and report directly to the trauma team leader
- Set up fluid, ask team leader if warm IV fluids are required
- Assist in removing patient's clothing
- Obtain IV access, draw trauma labs
- Insert Foley catheter when authorized
- Set up chest tube drainage system if needed
- Administer tetanus booster and antibiotics when ordered by team leader
- Initially document ED course
- Record vital signs every 5 minutes, notify team leader of significant changes
- Accompany patient out of department for any diagnostic procedures
- Control trauma (or designate), protect patient privacy

C. Certified Registered Nurse Anesthetist

D. Laboratory Technician

- a. on-call if after business hours

E. Radiology Technician

- a. on-call if after business hours

F. Crisis Manager

G. Nursing Assistant (RN, LPN, or CNA)

- a. Assist with transfer from EMS to trauma bed
- b. Assist in removing patient's clothing, cover patient with warm blankets
- c. Assist with procedures including cervical spine immobilization and intubation
- d. Assist with documentation, IV access and other nursing duties as designated by the RN

- II. Additional members for multiple concurrent activations
 - A. Security
 - B. Additional physician(s) per trauma team leader instructions
- III. Principles
 - A. The emergency department nurse or his/her designee will call a trauma team activation upon identifying activation criteria. All team members will respond to the emergency department immediately.
 - B. Laboratory Studies, i.e. "Trauma Lab," shall include CBC, CMP, PT, PTT, Blood Type and Screen, serum qualitative pregnancy test for females ages 10-50. Additional lab will be requested at the discretion of the trauma team leader.
 - C. Personal Protective Equipment (PPE) shall be worn by all personnel who work directly with the patient.
 - D. Patient privacy will be respected.
 - E. Orders will be verbally acknowledged.
 - F. Lead aprons should be worn by personnel when x-rays are being taken.
 - G. Patient's clothing and belongings will be placed into labeled bags as soon as possible.
- IV. Trauma Team Activation Criteria
 - A. Trauma Team will be activated upon realization that any of the following patient conditions exists, either upon arrival of the patient or notification by EMS. This pertains to trauma patients.
 - a. GCS less than 14
 - b. Respiratory distress/airway compromise and/or intubation
 - c. Shock/diminished perfusion exhibited by:
 - i. Adult with systolic BP < 90 mm Hg
 - ii. Child with systolic BP < 80 mm Hg
 - d. Penetrating wound to the abdomen, neck, or chest
 - e. Severe facial injuries
 - f. Traumatic paralysis
 - g. Severe burns
 - h. Severe orthopedic injuries
 - i. Death in the same passenger compartment
 - j. Ejection from vehicle
 - k. Fall > 20 feet
 - l. Physician discretion