GUIDELINES AND PROTOCOLS

Lyndon B. Johnson General Hospital Trauma Services Department

Guideline/Protocol Number: T2

Guidelines and Protocols

TITLE: TRAUMA TEAM ROLES / RESPONSIBILITIES

PURPOSE:

A trauma team is a group of specially trained health care professionals organized to provide care to the trauma patient in a coordinated and timely fashion. Resuscitation efforts by this advanced trauma trained group of individuals will improve outcomes for the patient suffering traumatic injury.

PROCESS:

I. TEAM COMPOSITION

A. General Surgeon: Surgeon on-call responds to the Emergency Department according to the trauma activation criteria and is responsible for directing resuscitative efforts and follow-through care.

1. RESPONSIBILITIES

   a. Collaborates with the Primary Trauma Nurse (RN#1) to ensure that all roles and members are present prior to the patient’s arrival.

   b. Responsible for the overall management and resuscitation of the trauma patient, including the primary and secondary survey. Establishes and communicates the priorities of care to the Trauma Team. Directs initial resuscitation efforts. Assists the Trauma/ED RN’s with insertion of large bore &/or central venous IV’s.

   c. Facilitates the communication of the EMS or Transport report to the Team.

   d. Assists other physicians with interventions as needed, after airway has been secured.
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e. Responsible for contacting and coordinating Consulting Services (i.e. Ortho/Neuro/ENT).

f. Orders all diagnostic tests, determines radiological sequences of studies after the initial film series.

g. Collaborates with the Primary Trauma Nurse (RN#1) to keep family and significant others informed of the patient’s condition.

h. Responsible for physician documentation related to the resuscitation and the trauma care provided.

i. If emergency surgical intervention is needed, notifies OR personnel.

j. Communicates and coordinates the disposition of the patient.

k. Notifies the Trauma Service Staff or Medical Director of any problems or difficulties encountered with the team activation or resuscitation.

B. **ED Physician:** ED Physician will respond prior to or immediately on patient arrival and is responsible for directing the entire trauma team in the resuscitative efforts of the trauma patient until the surgeon’s arrival.

   1. RESPONSIBILITIES
      
a. Activates the Trauma Team for patients who meet the established Trauma Team Activation criteria.

b. Acts as the Team Leader until the General Surgeon arrives.

c. Evaluates the patient’s airway status and makes appropriate interventions to secure a definitive airway, while maintaining cervical immobilization.
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- Completes the primary survey, communicating the following to the Team: Airway, Breathing, Circulation and presenting neurological assessment. Assists the Trauma/ED RN’s with insertion of large bore &/or central venous IV’s.

- Directs the administration of all paralytic agents for rapid sequence intubation.

- Manages the administration of all code medications in traumatic arrest situations.

C. Trauma Program Manager (TPM)/Trauma Nurse Coordinator (TNC): The TPM/TNC responds to the ED within 10 minutes of paging during normal business hours to provide supervisory/supportive assistance to the Trauma Team as necessary. The TPM/TNC also evaluates the resuscitation with variances documented in the monthly Trauma Registry. He/sheThey assists in the care of the trauma patient as requested by the Surgeon or Trauma Team. May function as the primary (RN#1) or the Secondary (RN#2) nurse role on simultaneous resuscitations.

1. RESPONSIBILITIES
   - See Job Description for Trauma Program Manager
   - See Job Description for Trauma Nurse Coordinator

D. Primary Trauma Nurse (RN#1): This RN will routinely be the RN on duty assigned to the Trauma Room. The nurse should be skilled in the care and treatment of severely injury patients. Primary role will be to ensure IV access, oversee fluid resuscitation efforts and maintain patient warmth.

1. RESPONSIBILITIES
   - Responsible for Trauma Team activation and will function as nursing team leader.
b  Charged with preparing the area prior to patient(s) arrival.

c  Will perform the trauma nursing primary and secondary assessment and performs immediate nursing interventions.

d  Attaches cardiac monitor and pulse-ox monitor

e  Will administer all medications.

f  Responsible for IV (2 large-bore) access and maintenance.

g  Responsible for obtaining blood specimen for laboratory analysis.

h  Manages blood/fluid warmer/infuser devise.

i  If Foley catheter is indicated, inserts and obtains urine specimen for laboratory testing

j  Assists the physician as needed.

k  Responsible for recording all vital information on the Trauma Narrator (should assign the scribe role to a third Emergency Department RN when resources are available).

l  Communicates with family to provide information and support

m  Responsible for remaining with unstable patients when out of the ED (i.e. CT scan).

n  Will give patient report to receiving unit or receiving facility if the patient is transferred to a higher-level trauma facility.

E. **Emergency Department RN (RN#2):** This RN will be primarily responsible for assisting with emergency and diagnostic procedures, and ongoing monitoring of the patient’s status and response to interventions

1. RESPONSIBILITES
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a Assists with the transfer of the patient to the ED stretcher, and the removal of clothing.
b Obtains the patient’s initial set of vital signs, including a temperature (rectal/core recommended) and communicates to the Team and documentation nurse. Ensures that NBP cuff is applied.
c Ensures patient warming measures are in place.
d Assists in establishing IV (2 large-bore) access.
e Once airway is established, places NGT/OGT, if indicated.
f Prepares procedure trays and assists physicians as needed.
g Continues to obtain serial vital signs and neurological assessments as patient condition warrants.
h Assists with the immobilization of fractures, and management of soft tissue injuries.
i Assists with the transport or transfer of the patient as needed.

F. **Respiratory Therapist:** A respiratory therapist will respond within 10 minutes to assist with airway access and maintenance and will also assist with ventilation and blood gases procurement/analysis

1. **RESPONSIBILITIES**
   a Prepare airway and intubation equipment prior to the patient’s arrival, as indicated.
   b Assists the ED Physician with management of the airway and administration of Oxygen. Provides assisted respiratory support if the patient’s respirations are absent or inadequate.
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c Maintains manual immobilization of the cervical spine during intubation and all procedures (or delegates).
d Secures and reassesses tube placement throughout the resuscitation and stabilization.
e Monitors pulse oximetry and the patient’s response to interventions.
f Initiates mechanical ventilation during evaluation and stabilization of the patient, if indicated.
g Assists with the transfer of any intubated patient to radiology, CT Scan, OR or ICU.
h While maintaining a position at the patient’s head, provides comfort and reassurances to the injured patient and explains procedures as the patient’s condition allows.

G. Radiology Technologist: One Radiology Technician will respond within 10 minutes of paging to the Emergency Department to complete radiologic studies as requested by the Trauma Team.

1. RESPONSIBILITIES

a Positioning the patient for films and performing radiological procedures.
b Initial priority is a Blunt Trauma Panel (AP chest, AP pelvis and a lateral cervical spine view) unless directed otherwise by the Trauma Surgeon.
c Develops films in a timely manner and delivers the films to the Trauma Room for the physician to review as soon as possible.
d Will make copies of films if the patient is transferred to higher, level trauma facility.
NOTES: The Operating Room staff will be initially notified by the Emergency Department and placed on alert of a potential trauma case. The Anesthesiologist or CRNA will assume responsibility for the airway upon his arrival.

REFERENCES / BIBLIOGRAPHY:

OFFICE OF PRIMARY RESPONSIBILITY:

LYNDON B. JOHNSON HOSPITAL TRAUMA SERVICES

REVIEW / REVISION HISTORY

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