TITLE: TRAUMA CARE CONTINUUM

PURPOSE:

To provide an understanding of the philosophical concept of patient care at Lyndon B. Johnson General Hospital (LBJGH)

PROCESS:

I. PHILOSOPHY
   A. The philosophical concept of patient care at Lyndon B. Johnson General Hospital (LBJGH) is that trauma care is the primary responsibility of the surgical service. Patient care is directed by the surgical service, who may consult with other specialty surgical services or medical services, based on the needs of the trauma patient.

II. PRE-HOSPITAL CARE
   A. Emergency Medical Services (EMS) play a pivotal role in trauma and are an integral part of the trauma care continuum. The Houston Fire Department (HFD) is the primary EMS provider transporting patients to LBJGH. There is a Telemetry Center located at Ben Taub General Hospital, which notifies LBJGH by telephone of all Code III patients arriving by ambulance. LBJGH is also paged to provide a pre-alert of all patients transported by HFD.
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III. EMERGENCY CENTER
   A. The Lyndon B. Johnson General Hospital Emergency Center is divided into adult and pediatric units. It provides emergency care to the residents of Harris County. This includes Houston as well as the adjacent incorporated areas within Harris County. The Emergency Center provides care to more than 73,000+ patients annually. The Emergency Center uses a 5 level triage system that categorizes patients on the basis of acuity and required needs or services. The adult unit and pediatric units both have facilities and equipment for a variety of emergency procedures such as thoracotomy and peritoneal lavage. Overhead X-ray equipment is available in all adult resuscitation rooms.

IV. IN-PATIENT UNITS
   A. Care of the trauma patient is provided by a multidisciplinary team of surgeons, nurses and other health care professionals, based on the needs of the patient. This may include care in the OR, PACU, ICU, IMU and/or a floor bed on a medical-surgical unit or a specialty unit such as OB or Pediatrics. The general surgeon or specialty surgeon is the team leader, coordinating that care.

V. REHABILITATION
   A. Once the patient has completed the resuscitation phase and is hemodynamically stable, the surgical team leader may initiate a rehabilitation consultation and/or evaluation. The Physical Medicine and Rehabilitation Service at LBJGH responds to and evaluates trauma patients based upon actual and potential problems that require early intervention in order to decrease long-term morbidity. Patients who require long term rehabilitation may be transferred to Quentin Mease Hospital, the rehabilitation hospital that is part of the Harris Health System or one of the community based rehabilitation facilities.
VI. SURGICAL CLINICAL CARE  
A. Outpatient care for trauma patients occurs in the General Surgery Clinic or one of the Specialty Surgery Clinics at LBJGH. Whenever possible, the patients are seen by the same surgeon and team of residents who provided care during the acute phase of the patient’s care. This approach provides an excellent opportunity to learn the outcomes of acute care and patient management therapies.

VII. SOCIAL SERVICE CONSULTATION  
A. Case Managers and Social Workers, who are part of the Social Service Department, are available for the Emergency Center and the in-patient units for consultation and direct services. Assist in the identification of patients who are unable to respond and in making contact with the family/significant others who can help in planning for the patient.
1. Complete a psychosocial assessment, plan services and collaborate with the trauma team as needed.
2. Refer patients/families for chemical abuse intervention to the licensed chemical dependence counselor within the Social Service Department.
3. Coordinate services and establish communication with outside agencies such as Child and Adult Protective Services, Law Enforcement, etc.

VIII. LANGUAGE AND CULTURE RESOURCES  
A. Interpretation services for a one to one verbal transaction between hospital staff or physician and patient are available 7 days a week, 24 hours a day at LBJGH. Translation services are available and offered for all official, frequently used forms, brochures, and patient education materials which are given to patients.
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IX. CHAPLAINCY SERVICES
   A. A chaplain is available for emergencies, deaths, and other crisis events to provide support for patients, families and staff during the hours of chaplain availability. The chaplain is contacted through the page operator.

X. TRAUMA REGISTRY
   A. The Trauma Service maintains data in the Trauma Registry for any patients meeting the following criteria:
      1. Admitted as inpatient trauma patients for >23hrs.
      2. Transferred trauma patients into or out of LBJ
      3. Trauma deaths or DOA
      4. Trauma activations and trauma consults (or those patients that should have been activated or consulted)
      5. Trauma patients with OR visit directly from the Emergency Department
      6. All Traumatic Brain Injury patients
      7. All Spinal Cord Injury patients
      8. All Drowning / Near Drowning patients

XI. EVIDENCE BASED MEDICINE
   A. The LBJGH Trauma Service utilizes evidence based medicine as an approach to practice and teaching which integrates best current evidence with clinical expertise, pathophysiology, and patient preference into the decision-making process for the care of the trauma patient. Guidelines and practice protocols in this manual have been outlined based on the strength of such evidence.

XII. PRACTICE PROTOCOLS
   A. The practice protocols in the manual are intended to guide health care professionals through a continuous quality improvement effort. In this process, health care delivery is analyzed, changes recommended, patient outcomes defined, variances from expected outcomes evaluated, and the process reassessed.
B. The LBJGH Trauma Service Manual is reviewed and updated regularly based on new experience and evidence and directed primarily toward the improved care of the trauma patient.

XIII. INJURY PREVENTION AND EDUCATION

A. One of the most important aspects of trauma care is the prevention of injuries. In order to maintain the commitment to excellence in trauma care, injury prevention programs and educational activities are conducted utilizing a variety of methods, such as participation in community and school based health fairs. The Childhood Injury Prevention Program (CHIPS) is supported in conjunction with the Pediatric Emergency Department. LBJGH also participates in the Shattered Dreams program providing drug and alcohol prevention to high school teens before Spring Break and the Prom.

B. The LBJGH Trauma Service is represented on the Southeast Texas Regional Area Council (SETRAC) and participates in the trauma injury prevention and educational activities provided for EMS agencies and other health care professionals in Harris County and the other counties within RAC Q.

C. The LBJGH Trauma Service also actively supports injury prevention activities sponsored by the Texas Trauma Coordinators Forum, such as the MADD Red Ribbon Project. In addition, the Trauma Service supports the educational activities of the Trauma Nurses Society and the Pediatric Special Interest Group within that organization.

D. The LBJGH Trauma Coordinator has also provided lectures at the Texas EMS conference and the Harris County Hospital District Circle of Survival Trauma Conference.
# Guidelines and Protocols

**REFERENCE / BIBLIOGRAPHY:**

**OFFICE OF PRIMARY RESPONSIBILITY:**

LYNDON B. JOHNSON HOSPITAL TRAUMA SERVICES

**REVIEW / REVISION HISTORY**

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