PURPOSE:
To provide a template that follows ATLS, ATCN, and TNCC guiding principles for airway, breathing, circulation, and disability assessment.

POLICY STATEMENT:
A systematic and standardized approach for assessment, intervention, and evaluation of the trauma patient improves trauma care and reduces mortality and disability.

ENTITIES AFFECTED BY THIS POLICY (SCOPE):
WakeMed adopts the following policy & procedures for Raleigh Emergency Services, Cary Emergency Services and WakeMed Surgery Raleigh and Cary.

WHO SHOULD READ THIS POLICY:
This policy shall be read by department supervisors, managers, directors, and administrators. Furthermore, any individual considering issuing, revising, assisting in the drafting of, or archiving a policy.

PROCEDURES:

Documentation:

I. Trauma Narrator is to be initiated on all activated Trauma patients.
II. The narrator will be completed with special attention paid to inclusion of the following information:
    a. Trauma attending response time (documented as staff arrival time)
    b. Consultant(s) response times to the patient's bedside
    c. Continuing neurologic assessment (at least q one hour documented under GCS)
    d. Responses to therapy

Initial Resuscitation**:**

I. **Airway:** Led by Emergency Department Attending. Determine the patient's airway stability and the ability of the patient to maintain and protect his/her airway.
    a. Intervention: Intubate if GCS of 8 or less, or if airway stability or protection is at risk secondary to bleeding, emesis or swelling. Decision is made in collaboration with the Trauma Attending.
II. **Breathing:** Led by Emergency Department Attending. Determine rate, depth and quality of breathing, use of accessory muscles, oxygen saturation, wounds or injuries that might affect breathing, breath sounds, and crepitus.
    a. Intervention: Intubate if GCS of 8 or less or if ineffective breathing or injuries

that might affect breathing. Insert chest tube(s) as needed. Decision is made in collaboration with the Trauma Attending.

III. **Circulation:** Led by Trauma Staff for full activation patients, ED staff for limited activation patients. Determine approximate blood loss, assess bleeding sites, blood pressure and pulse, skin color, temperature, and in children, mottling.
   a. Intervention: assure patent two large bore IVs. Direct amount/rate of fluid or blood to infuse as needed.

IV. **Disability:** Led by Trauma Staff for full activation patients, ED staff for limited activation patients. Determine GCS, gross motor, evidence of posturing or seizures, pupils.
   a. Intervention: Assure that c-spine precautions are properly maintained. Request head CT as indicated.

V. **Exposure:** Led by Trauma Care Nurse.
   a. Intervention: Remove all clothing and cover with warm blankets. Secure all valuables with the documenting RN and care nurse.

VI. **Full set of vital signs:** Led by Trauma Care Nurse.
   a. Intervention: Measure blood pressure, temperature, pulse, and respirations. Report findings to trauma recorder.

VII. **Secondary Survey:** Led by Trauma Staff for full activation patients, ED staff for limited activation patients. Complete a head-to-toe evaluation of the patient to determine all injuries. Re-assess breath sounds, splint fractures, stop bleeding that was not apparent during initial evaluation. Check all pulses, complete a thorough neurological evaluation, check rectal tone, urinary meatus, and all wounds. With proper assistance, roll the patient and check posterior surfaces for further injury.
   a. Intervention: Insure that all tubes are secured, fluid/blood are infusing as directed, labs are sent. Review test results to determine course of resuscitation as indicated by ABG/HCT, or any other abnormal lab finding. Request appropriate consults as indicated by findings. Sedation and pain medication should be given as needed.

VIII. **Radiological Evaluation:** Led by Trauma Attending and Resident or ED Attending for limited activation patients. Determine radiological evaluation needs and move the patient to these evaluations in a timely fashion.
   a. Intervention: Request consults as indicated by findings. Assure that the patient is properly monitored, sedated, and pain controlled as needed during evaluation. ED primary care nurse will accompany the patient and will have available resuscitation equipment, pain and sedation medications, and Respiratory Therapy if the patient is intubated. A Trauma team member will stay with the patient throughout the procedure if indicated. At Raleigh Campus, if the patient is a child of 14 or younger, the pediatric emergency care nurse and/or pediatric emergency or intensive care attending may be requested to assist with

monitoring the patient.

IX. **Disposition:** Led by Trauma Attending and Resident for full activation or ED Attending for limited activation patients. Determine the plan of care for the patient based on injuries and patient condition and in collaboration with requested consult services.

a. Intervention/NOTIFY:

i. OR- type of case and ETA

ii. Primary care nurse of type of bed needed.

1. If the patient is to be observed in the ED, notify ED care nurse of plan and time frame.
2. If the patient is to be discharged from the ED, notify ED care nurse and enter discharge instructions into the EMR.

iii. All plans of care need to be discussed with the patient (if the patient can participate), the patient's significant others, and the ED Primary care nurse.

iv. Consultants making decisions regarding plans of care within their own realm of expertise should convey the plan to the ED physician, ED care nurse, trauma resident and/or attending in a timely fashion so that operative intervention, and/or admission/discharge can be facilitated.

Origination date: *12/31/1998*
Prepared by: *MGR, TRAUMA PROGRAM*
Approved by: *MEDICAL DIR TRAUMA - CARY, MEDICAL DIR TRAUMA - RALEIGH*
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