


	Trauma Services	No. 4071
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	Title: Trauma Alert Evaluation- WMR	Effective Date: 11/17/2020

PURPOSE:

The trauma team evaluates all activated trauma patients in an organized and collaborative approach. Response and allocation of resources is based on clinical presentation, categorized as either “trauma alert” or “trauma one”.

ENTITIES AFFECTED BY THIS POLICY (SCOPE):

This policy applies to the Raleigh Emergency Services and WPP Surgery.

PROCEDURES:

- I. A comprehensive assessment, including primary and secondary survey, will be completed in a systematic fashion.
 - a. All findings will be called out for proper documentation by the trauma scribe.
- II. The Trauma Alert evaluation is under the direction of a board certified, or board eligible, ED Attending and the ED resident.
 - a. Trauma services is notified of the trauma alert call and a team member will respond to the patient’s bedside within 30 minutes of notification.
 - b. The trauma services representative functions in the role of consultant and will conduct a comprehensive trauma evaluation. The trauma service will provide direct verbal feedback to the ED Attending as soon as radiologic evaluation has been completed and reviewed.
- III. Specialty services are consulted as needed.
- IV. An Emergency Department RN, who has experience in trauma care and is trained in ACLS and completed TNCC, directs primary nursing care of the trauma patient.
- V. Each team member is assigned duties and standing locations within the resuscitation area.
- VI. Labs and radiological exams for the trauma alert patient are by physician discretion.
- VII. Cross-matched blood is available as requested to include RBCs, Platelets and FFP.
- VIII. The trauma alert patient may be upgraded to trauma one status if deemed appropriate by the ED Attending or trauma team member during the initial resuscitation.
 - a. Trauma One upgrade requires the trauma attending be present at the patient bedside within 15 minutes of request.
- IX. The ED Attending may discharge the trauma alert patient from the ED or request admission from sub-specialty.
 - a. The responsibility of wound closure, referrals and consults will belong to the ED Attending; provider discretion may be used to discuss on case by case situation.
- X. A 1-hour huddle (from time of transfer out of trauma bay) with the ED RN and ED Attending will be held to discuss plan of care and alert Trauma Services of patient status.
- XI. If the patient is required to remain in the emergency department, Trauma representative and ED Attending will have a 3-hour huddle to discuss disposition.

Origination date: 06/30/2002


Prepared by: MGR, TRAUMA PROGRAM

Approved by: MEDICAL DIR TRAUMA - RALEIGH

Reviewed: 11/17/2020

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- XII. If the trauma alert patient is admitted by Trauma Services, the Trauma Attending will evaluate the patient at bedside within 4 hours of arrival.
- a. The responsibility of wound closure and consults will belong to Trauma Services; provider discretion to discuss on case by case situation.
- XIII. In certain situations, learners and observers may be prohibited in the trauma room for risk management reasons. The Clinical Administrative team or Emergency Services Management will assist with personnel flow into the trauma bay.

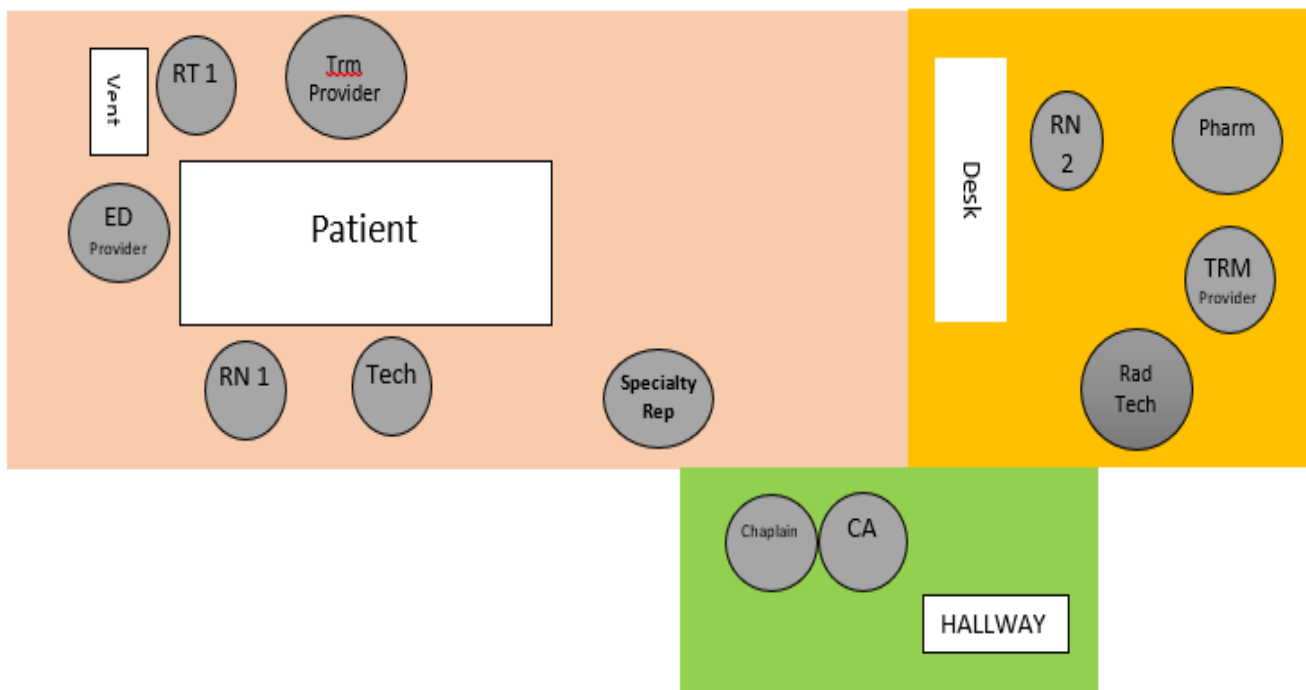
<p><u>Trauma Alert Response Team</u></p> <p>ED Attending Trauma provider (required response w/in 30 mins of notice) Trauma RN RN Scribe Respiratory Therapist ED Tech Pharmacist (as available)</p>	<p><u>For Trauma <15 years of age addition of:</u></p> <p>Pediatric ED RN x2 PICU Intensivist as available</p> <p><u>For OB Trauma ≥20wks approximate gestation addition of**</u></p> <p>OBGYN Resident OB RN x2</p>
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TRAUMA ALERT POSITIONS



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