

Alaska Native Medical Center #TR2009-02

Trauma Service

Trauma Activation Response Procedure

Sections

- I. Policy
- II. Purpose
- III. Procedure

I. POLICY:

- A. The trauma activation response team will be mobilized to provide efficient diagnosis and treatment of critically injured patients. A general surgeon and/or an emergency department physician shall determine the need to mobilize the Alaska Native Medical Center (ANMC) Trauma Team.

II. PURPOSE:

- A. To provide a designated team of skilled individuals responding immediately to a acutely injured patient in the emergency department
- B. To identify roles and responsibilities of the trauma activation response team personnel at Alaska Native Medical Center
- C. To promote the team concept and provide expedient, quality care for the acutely injured patient

III. PROCEDURE:

- A. Only the general surgeon or emergency department physician at Alaska Native Medical Center may initiate the trauma activation response process. Upon their direction, a call will be placed to the ANMC hospital operator to announce "Trauma Alert Status One (or Trauma Alert Status Two) to the Emergency Department." After this announcement, designated members of the trauma activation response team will be beeped. The order of beeping will be the same as the order of listing.
 - 1. The only place a trauma activation can occur is in the emergency department.
 - 2. If the trauma patient arrives via emergency air medevac, notify the attending (2nd on-call) surgeon immediately when the plane arrives at the Anchorage airport.
 - a. The surgeon will notify the ANMC operator and specify what level of trauma activation to announce.
 - b. The operator will announce the specified level of trauma activation with an ETA, if known.
 - c. If the trauma patient arrives via local ambulance, begin with Step B (below) and continue with the outlined procedure.
- B. The general (trauma) surgeon or emergency department physician at ANMC will determine the level of trauma activation response that is appropriate:
 - 1. The Trauma Surgeon or Emergency Department physician (or delegated ED nurse) will call the ANMC operator to activate a "trauma alert status one" or "trauma alert status two" with the designated time for the activation announcement.

- a. If **“Trauma Alert Status One”** (or **“Pediatric Trauma Alert Status One”**) is requested, the ANMC operator will:
 - (1) Notify the attending (2nd on-call) surgeon when the plane is on the ground at the Anchorage airport (for injured patients who are emergency air medevac transports).
 - (2) Press the code button to sound an alarm and announce overhead (X3) **“Trauma Alert Status One or Pediatric Trauma Alert Status One to the emergency department”** with the ETA if known.
 - (3) Beep the attending (2nd on-call) surgeon: put 999-1729.
 - (4) Beep surgery resident (1st on-call) surgeon: put 999-1729.
 - (5) Beep pediatric intensivist on-call (if pediatric patient): put 999-1729.
 - (6) Beep pediatrician (if pediatric patient): put 999-1729.
 - (7) Beep 1000 for the nursing supervisor, respiratory therapy, and radiology: put 999-1729.
 - (8) Beep 2222 for anesthesia: put 999-1729.
 - (9) Beep the Trauma Nurse Coordinator: put 999-1729.
 - (10) Radio security: 57 and 58.

- b. If **“Trauma Alert Status Two”** (or **“Pediatric Trauma Alert Status Two”**) is requested, the ANMC operator will:
 - (1) Notify the attending (2nd on-call) surgeon when the plane is on the ground at the Anchorage airport (for injured patients who are emergency air medevac transports).
 - (2) Press the code button to sound an alarm and announce overhead (X3) **“Trauma Alert Status Two or Pediatric Trauma Alert Status Two to the emergency department”** with the ETA if known.
 - (3) Beep the attending (2nd on-call) surgeon: put 999-1729.
 - (4) Beep surgery resident (1st on-call) surgeon: put 999-1729.
 - (5) Beep 1000 for the nursing supervisor, respiratory therapy, and radiology: put 999-1729.
 - (6) Beep the Trauma Nurse Coordinator: put 999-1729.
 - (7) Radio security: 57 and 58.

Note: It is extremely important that the attending (2nd on-call) surgeon be notified as quickly as possible regarding the arrival of an acutely injured patient at ANMC. The surgeon will determine when it is appropriate to notify the pediatrician for all pediatric trauma alerts.

2. Members of a Trauma Response Activation:
 - a. General Staff Surgeon (2nd call) / Emergency Department Physician
 - b. Surgical Resident (1st call)
 - c. Pediatric Intensivist (if patient < 18 years of age) – **Only Alert Status One response**
 - d. Emergency Department Charge Nurse
 - e. Trauma (Emergency Department) Registered Nurse
 - f. Critical Care Registered Nurse
 - g. Pediatric Registered Nurse(s) – (if patient < 18 years of age)
 - h. Emergency Department Tech
 - i. Anesthesia – **Only Alert Status One response**
 - j. Respiratory Therapists
 - k. Radiology Technician / CT Technician

- l. Operating Room Registered Nurse (or Operating Room Tech) or PACU Registered Nurse – **Only Alert Status One response**
 - m. Trauma Nurse Coordinator or Nursing Supervisor / Designee
 - n. Pharmacist
 - o. Emergency Department Clerk
 - p. Security
- C. The basic roles and responsibilities of the Trauma Activation Response team members are as follows:
- 1. General Staff Surgeon
 - a. team leader for the trauma patient
 - b. directs patient care
 - c. oversees the actions of the team
 - d. prioritizes orders as needed
 - e. communicates with family on a regular basis as needed
 - f. releases personnel to assigned units as appropriate
 - 2. Emergency Department Physician
 - a. directs patient care for the trauma patient until surgeon arrives
 - b. assumes ACLS leadership role during a cardiopulmonary resuscitation of the trauma patient
 - 3. ED Charge Nurse or designee
 - a. crowd control
 - b. obtains meds from ED pyxis
 - c. runner for supplies outside of trauma room
 - d. delivers lab results to team
 - e. brings health summary, medical record & PCC Plus forms to recorder
 - f. communicator of orders between clerk & trauma room
 - 4. Right Side Nurse (patient's right side): Trauma Nurse (ED Primary Nurse)
 - a. gives IV meds
 - b. assists surgeons/physicians with right-sided procedures (pericardiocentesis, chest tube insertion, DPL, central line placement)
 - c. inserts IVs on right side & draws blood for labs as needed
 - d. inserts Foley catheter
 - e. accompanies patient to CT, X-Ray, CCU, OR
 - f. restocks unit after patient disposition
 - 5. Left Side Nurse (patient's left side): Critical Care Nurse or Pediatric Nurse
 - a. assists with airway management
 - b. vital signs (including temperature) / cardiac monitor
 - c. manages Level I fluid warmer
 - d. administers, monitors blood products
 - e. inserts IVs on left side & draws blood for lab as needed
 - f. inserts nasogastric tube / orogastric tube
 - g. assists surgeons/physicians with left-sided procedures (chest tube insertion, emergency thoracotomy)

6. Emergency Department Technician

- a. inserts IV lines & draws blood for labs as requested
- b. labels & sends blood to lab
- c. obtains portable ultrasound machine
- d. inserts Foley catheter as requested
- e. obtains urine sample as requested & sends to lab
- f. runner for supplies, equipment & labs
- g. assists with restocking room after patient disposition

7. Anesthesia Personnel

- a. available to assist team leader with securing airway as needed
- b. assists with IVs as needed
- c. completes a quick pre-op assessment of the patient in the emergency department

8. Nursing Supervisor

- a. functions as the recorder* during a trauma activation and/or trauma code blue/white
- b. assures all members of the team have arrived
- c. assists with crowd control & ensures that ancillary departments have available access to patient as appropriate
- d. obtains additional personnel as needed
- e. assures blood and blood products are available as needed – activates MBTP if ordered and ensures lab is notified timely when MBTP is ended (with each pack delivered, ask surgeon if MBTP appropriate to discontinue)
- f. documents all verbal orders on the trauma ED order sheet
- g. assures proper notification in case of patient demise
- h. coordinates admission process

***Note:** The Trauma Nurse Coordinator will respond to trauma activations as available in-house. He/She will function as the recorder, assuring all members of the team have arrived and will evaluate the trauma activation process for opportunities for improvement. The nursing supervisor will still respond and assist with admission process and MBTP process.

9. Respiratory Therapist

- a. assures availability and function of all respiratory supplies including ambu bag, oxygen, suction, end-tidal CO2 detector, and pulse oximetry
- b. assists with airway management as needed
- c. draws ABGs
- d. assists with transport of vented patients to CT scanner and/or admission to OR/CCU/PICU
- e. provides calming verbal/touch reassurance to patients at head of bed

10. Radiology Technician / CT Technician

- a. brings portable x-ray machine to the emergency department
- b. obtains x-rays per physician orders
- c. downloads discs from transferring hospitals onto PAX system
- d. prepares for CT scans as applicable

11. Operating Room Nurse or Tech / Post Anesthesia Care Nurse

- a. completes a quick pre-op assessment of the patient in the emergency department
- b. verifies vital information such as patient identification, allergies, op permit, lab results as ordered by the surgeon
- c. returns to the operating room to "open-up" the surgical suite
- d. assists in transporting the patient from the emergency department to the operating room suite

12. Pediatric Intensivist

- a. consults on critically injured patients < 18 years of age
- b. assists with the clinical management and assessment of the pediatric trauma patient
- c. assumes ACLS leadership role during a cardiopulmonary resuscitation of the pediatric trauma patient

13. Pharmacist

- a. available to assist with the medication management during a trauma resuscitation as needed

14. Emergency Department Clerk

- a. prepares trauma packet with extra patient name labels & delivers them to the recorder ASAP
- b. responds to emergency department trauma room after patient arrival to obtain patient name
- c. enters orders into RPMS and/or LIS

15. Security

- a. available outside room to assist with crowd control
- b. assists team as needed

NOTE: Trauma response activation personnel will receive a name tag upon entering the trauma room. Without a name tag, admission will be denied unless specifically requested by the Trauma Surgeon, ED Physician, or Nursing Supervisor. Conversation in the room must be limited to patient care since accurate documentation and attention to orders is a priority. The Trauma Surgeon will identify specific individuals to carry out tasks or orders not previously listed in the above procedure.

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